Catherine McAuley Catholic College MEDOWIE

Assessment – Illness/Misadventure/Variation Form

Years 11 - 12

Catherine McAuley Catholic College MEDOWIE

Please tick one of the following boxes

Illness / Misadventure

☐ **Unforeseen absence on the day of a task**
Submit this form on the FIRST day you return to school after the due date of the task.

☐ **During an assessment task**
Submit this form on the DAY OF THE TASK or the FIRST school day of attendance after the task.

Assessment Variation

☐ **Extension request for task submission**
Submit this form at least THREE SCHOOL DAYS prior to the due date of the task.

☐ **Change of date for in-class task (foreseen absence)**
Submit this form at least THREE SCHOOL DAYS prior to the due date of the task.

Section 1: To be completed by the student and signed by their parent or guardian

Student Name: _____ **Year:** _____ **Date:** _____

Course: _____ **Assessment Task Number:** _____

Due Date: _____ **Class Teacher:** _____

Reason for the submission of the Illness/Misadventure/Variation form:

_____

_____

_____

_____

_____

The following actions must be completed.

College notified of the issue on _____ (please insert date)

Supporting Parent/Guardian letter attached: Yes / No (please circle)

Appropriate independent evidence attached (e.g. Medical Certificate etc): Yes / No (please circle)

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Once signed above, the student takes the form to the Leader of Learning for action

Chronicle# _____

Section 2 – Office Use Only: To be completed by the Leader of Learning and the Assistant Principal

☐ **Application upheld** ☐ **Application declined**

☐ Student to attempt task on a date specified by the Leader of Learning below

☐ Student to attempt substitute task on a date specified by the Leader of Learning

☐ Extension of time granted. **New due date:** _____

☐ Student to be awarded the higher result of their original attempt or the estimate of the Leader of Learning

☐ Task completed; marks to be given consideration at the end of course final assessment

☐ Other outcome: _____

Reason:

_____

_____

_____

_____

_____

Leader of Learning Signature: _____ **Date:** _____

Assistant Principal Signature: _____ **Date:** _____