



Tempe High School Illness / Misadventure / Appeal Form



Student Name:	Subject:
Assessment Task:	Task Due Date:
Task Description: Hand in or exam (circle one)	Weighting: %

ILLNESS or MISADVENTURE or APPEAL (CIRCLE ONE statement below)

- Events affecting performance before the assessment
- Events causing the student to miss the assessment
- Events affecting performance on the day of assessment at school

1. Student response:

a) What happened? Explain the situation and how it has impacted your performance.

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b) What actions are you requesting from the Assessment Review Panel?

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Student signature:..... Date:.....

Parent/Carer signature:..... Date:.....

Do not forget to fill in the medical and/or supporting section below.

2.

Medical certificate attached:	YES	NO	(circle one)
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3. **Supporting Evidence:** to be completed by a support person who has detailed knowledge of your situation e.g., parent/carer, teacher, police officer, counsellor, year advisor

Name of support person:	Signature of support person:
Date of misadventure/event:	support person phone number:
Were you a witness to the event? <u>YES/NO</u>	Role of Support Person:

