



2023 ILLNESS OR MISADVENTURE

A student who believes that circumstances occurring immediately prior to or on the day of a non-AP assessment task or AP examination, which were beyond their control, leading to a possible diminished result in the task, should complete this form and give it to the **Head Teacher Stage 6, no later than the next school day after the AP examination or BEFORE the marks of an assessment task have been returned. A copy of the medical certificate must also be provided to the student window.**

In dealing with illness/misadventure **there can be no consideration for:**

- Difficulties in preparation or general loss of preparation time
- Alleged deficiencies in teaching
- Loss of study time or facilities prior to the formal assessment
- Misreading of the timetable or examination instructions
- Long term illness, such as glandular fever, asthma and epilepsy - unless there is evidence of a sudden recurrence during the examination period
- Conditions for which disability provisions have been granted, unless you experience further difficulties
- Attendance at a sporting or cultural event
- Matters that could have been avoided by the student.

Note: Failure to fully complete this form or provide necessary detail and supporting documentation will result in an application being declined.

Student's name: _____ Year: <input type="checkbox"/> 11 <input type="checkbox"/> 12
Name of assessment task/s or AP examination affected: _____
Original date of assessment task/s or AP examination: _____
Attach a copy of the assessment notification for a non-AP assessment task.
Students must describe how the illness or misadventure suffered has affected their performance in the assessment task or AP examination. Attach independent evidence of the illness or misadventure (CTHS Medical Certificate, counsellor report etc. If the space below is not adequate please use the reverse).

Was the task attempted/on the original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the task rescheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the rescheduled date? _____
Did you notify a teacher that you were submitting an Illness or Misadventure Form immediately prior to, or during the task? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' then who? _____
Student's signature: _____ Date: _____
Parent's signature: _____ Date: _____
Please submit this application to the Head Teacher, Stage 6 no later than one day after the assessment task or AP exam period had ended.
For Office Use Only
Date submitted: _____ Received by: _____
Assessment Committee Decision: