

Assessment Year: \_\_\_\_\_

## Assessment Variation Form Request for Extension and/or Consideration Due to Illness or Misadventure

Students are to fill in the form and take to the Classroom Teacher.			
Student Name:	Teacher Name:		
Course:	Task No. and Name:		
Scheduled Completion Date: _			
Nature of task: (please circle)			
<ul><li>□ Examination</li><li>□ Performance</li><li>□ Assignment</li><li>□ Listening Task</li></ul>	<ul> <li>□ Portfolio</li> <li>□ Research Activity</li> <li>□ Practical Task</li> <li>□ In-class test</li> <li>□ Written Task</li> <li>□ Speaking Task</li> <li>□ Field Work</li> </ul>		
Reason for consideration:			
□ illness □ accident	☐ misadventure ☐ other		
Supporting Documentation for Medical/Other Reason is attached: Yes  No  Medical or Pharmacy Certificate/Statutory Declaration (signed by parent/carer – copy attached):			
Name of Doctor/Pharmacist/Justice of the Peace			
Signature of Student	/ / / / Date Signature of Parent/Carer Date		
Classroom Teacher Comment:			
Signature of Classroom Teache	ullet / / Please turn over $ullet$		

Faculty Head Teacher Recommendation:			
<ul> <li>□ Sit or submit the task without penalty</li> <li>□ Complete an alternative task</li> <li>□ Approve an extension without penalty</li> <li>□ Estimate to be given</li> <li>□ Task to be submitted with penalty</li> <li>□ No extension granted</li> <li>□ No marks to be awarded</li> </ul>			
Reason for decision:			
New due date (if applicable):			
Signature of Faculty Head Teacher Date			
Deputy Principal Recommendation:			
	-		
Signature of Deputy Principal / / Date			
* Original given to student  * Copy given to Classroom Teacher  * Copy retained by Deputy Principal			