

Section 5:

Chester Hill High School

Strength in Unity, Excellence in Education

Appendix 1:



EXTENSION OF TIME FOR AN ASSESSMENT TASK

This form is to be completed and signed by a **PARENT** or **GUARDIAN**.

This form is used when a student has a **satisfactory reason** to request an extension of time for an **ASSESSMENT TASK**. This form must be handed in to the Head Teacher three days prior to the task deadline.

The Subject Head Teacher will decide if the reason stated is satisfactory.

DETAILS OF ASSESSMENT TASK

NAME OF STUDENT: _____ CLASS TEACHER: _____

SUBJECT: _____ DATE OF TASK: _____

TASK DETAIL: _____

REASON FOR EXTENSION OF TIME:

SIGNATURE OF PARENT/GUARDIAN: _____

Documents Attached:

Medical Certificate/Other Certificate attached: YES / NO

A statement from a Parent/Guardian or witness may be attached if it will support your application.

Other document: _____

HEAD TEACHER SIGNATURE: _____ DATE: _____

Note:

Extension of time can only be granted if application is made before the due date of the task (minimum request 3 days prior to task deadline).



ASSESSMENT TASK ILLNESS/MISADVENTURE FORM

Submit this *pro forma* to the **HEAD TEACHER** on the **FIRST DAY YOU RETURN TO SCHOOL**

Name of Student: _____ **Date:** _____

TASK: _____ **Course:** _____

DUE DATE: _____ **WEIGHTING:** _____

Reason for missing the task:

(Give details which support your case to present the task at a later date or sit for a substitute task)

Medical Certificate **MUST** be attached to this form if your reason is **ILLNESS**.

Medical Certificate is attached: YES / NO

If you were sick **DURING** an exam or assessment task, did you notify the teacher immediately? YES / NO

Classroom Teacher/Exam Supervisor comment:

Teacher/Supervisor Signature: _____ Date: _____

In case of a **MISADVENTURE**, statement from a parent/guardian or witness may be attached to support your application.

Student Signature: _____ Parent/Guardian Signature: _____

Date: _____

Head Teacher comment and decision *(indicate if this application needs to go to the School Appeal Committee – Principal and Deputy Principal YES / NO):*

Head Teacher Signature: _____ Date: _____

(In case of appeal) **APPEALS COMMITTEE DECISION:**

Deputy Principal *(in charge of year):* _____ Date: _____



Assessment Task Proforma

Course:		Year:	
Topic:			
Assessment Name:			
DATE DUE:		Total Mark/Weighting	
STUDENT NAME:			
Progress Check FEEDBACK	<i>(Individualised based on task – tick a box or lines for feedback)</i>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Etc.		
Progress Check Date:		Marks	

I certify that:

- This assignment is my own work, based on my personal study and/or research.
- I have **acknowledged all material and sources used in the preparation** of this assignment in a **reference list**.
- Submitted assignments based on group work are not the same as other students' work.
- I have not plagiarised (copied) in part, or in whole the work of other students.
- I have read and I understand the success criteria used for this assessment
- **I have kept a copy of my assignment and the receipt.**
- I understand that a copy of my assignment may be kept and used to make comparisons with other assignments in the future.

Student's Signature: Date:

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Assessment Task Student Receipt

(This receipt should be kept as proof of assessment submission)

FAMILY NAME:	GIVEN NAME:
TEACHER:	CLASS:
DATE DUE:	DATE SUBMITTED:
TITLE OF TASK:	TEACHER'S SIGNATURE:

SAMPLE