Attachment B:

Kingsgrove High School (Request for Consideration)
HSC Course Group Performance Illness/Misadventure Application
(Please supply to the Assessment Co-ordinator)

Section A:
(To be completed by Class Teacher.)

Teacher: ___________________________________  Course: __________________________

List of students affected (attach list of names)

Name of Task: ___________________________________  Date Task Given: _______________

Date Task Due: __________________________  Weighting: (%) ______________

Outline reasons for this application.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Attention: If an individual student’s illness/misadventure is responsible for this group illness/misadventure application the individual student MUST also complete an individual illness/misadventure form (Attachment A) otherwise they may be awarded a mark of zero ‘0’.

Section B:
(To be completed by the Head Teacher and forwarded to the Assessment Co-ordinator).

Head Teacher: ___________________________  Faculty: ____________________________

Course: ___________________________  Date: ______________

Receipt date of Group Illness/Misadventure form: ______________

Task submitted/completed?  □ Yes  □ No

If No, date of rescheduled task: ___________________________  Date completed: ______________

Comment: (explain the circumstances that affected the students’ performance and how the faculty will support the students.)

___________________________________________________________________________________
___________________________________________________________________________________

Head Teacher signature: ___________________________  Date: ______________

Section C:
(To be completed by the Assessment Review Panel.)

ARP members’ signatures: __________________________________  Date: ______________

Outcome: __________________________________________________________________________

Copy to:  □ Student/Parent/Carer copy  □ Student file  □ Relevant HT/CT/DP/YA emailed
         □ Recorded in Excel