Attachment C: STUDENT FORM

HSC Assessment Task Appeal
To be submitted to the Assessment Co-ordinator

Students Name: ___________________________ Roll Class: _______ Teacher: _______

Subject: ________________________________ Due date of Assessment Task: ________

Title of the affected Assessment Task: __________________ Date of this application: ______

Reason for appeal

☒ the marks awarded with reference to the published marking criteria or rubric.

☒ the administration of the task. Such as, inequitable processes being applied in the management of a task or student(s) gaining an unfair advantage as a result of cheating, prior knowledge or unauthorised time extension.

☒ whether the task conforms to the school’s assessment policy as described in this assessment handbook. Such as, failing to notify that a task is assessable or not including a notified task in the assessment marks.

Please explain your reasons for the appeal:

________________________________________________________________________

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Response from your Class Teacher/Head Teacher about your claim. Name:

________________________________________________________________________

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Appeal Result

Assessment Review Panel: __________________________________________

Decision and reason: __________________________________________

________________________________________________________________________

Panel members’ signatures: __________________________________________

Copy to: ☐ Student emailed ☐ (Original) Student file ☐ Relevant CRT/HT/DP/YA emailed ☐ AC sign

☐ Recorded in Excel ☐ Copies to ARP/HTA, HTE, YA ☐ Scanned in folder
Attachment C: ARP FORM
Kingsgrove High School (Request for Consideration)

HSC Course Illness/Misadventure Appeal

A student will need to complete this form if they wish to appeal against an illness/misadventure decision. This form must be submitted with all necessary documentation to the Assessment Co-ordinator.

Student Name: __________________________ Course: ___________ Teacher: ___________

Name of Task: ___________________________ Date Task Given: ___________

Date Task Due: ___________ Weighting (%): ______________

Tick as appropriate (Additional documentation supplied)

☐ Yes (please specify) ________________________________

☐ No

Outline reasons for this application and attach all relevant documentation

___________________________________________________________________________________

___________________________________________________________________________________

Student Name: ___________________________ Date: ______________

Student signature: _________________________ Parent/Caregiver signature: _________________________

Assessment Review Team

ARP Members: 1_______________2_______________3_______________ Date: ______________

Issued discussed:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Decision reached: ☐ Refer to the Principal: ☐

Resolution: ________________________________ __________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

ARP members’ signatures: ____________________________ Date: ______________

___________________________________ Date: ______________

Copy to: ☐ Student/Parent/Carer copy ☐ (Original) Student file ☐ Relevant HT/CT/DP/YA emailed
☐ AC emailed ☐ Recorded in Excel ☐ ARP/HTA/THE/YA emailed