

St Mary's Catholic College, Gateshead



Assessment - Illness/Misadventure/Variation Form
Years 10 – 12 (+ Year 9 RoSA Courses)

Please complete, sign and submit this form via the Assessment Submission box at Student Services.

Tick one of the following boxes:

- Illness/Misadventure – Unforeseen absence on the day of a task**
*Submit this form on the **FIRST** school day of attendance after the due date of the task.*
- Illness/Misadventure – During an assessment task**
*Submit this form on the **DAY OF THE TASK** or the **FIRST** school day of attendance after the task.*
- Assessment Variation – Extension request for task submission**
*Submit this form at least **THREE SCHOOL DAYS** prior to the due date of the task.*
- Assessment Variation – Change of date for in-class task (foreseen absence)**
*Submit this form at least **THREE SCHOOL DAYS** prior to the due date of the task.*

SECTION ONE: To be completed by the Student

Name: _____ Date: _____

Course: _____ Assessment Task Number: _____

Due Date: _____ Class Teacher: _____

Reason for the submission of the Illness/Misadventure/Variation Form:

The following actions **MUST** be completed by the student (please tick each box once finalised)

- School notified of this issue on _____ *(please insert date)*
- Supporting Parent/Guardian letter attached
- Appropriate independent evidence attached (eg medical certificate, funeral notice) *Stage 6 only*

Student signature: _____ Date: _____

Parent/Carer signature: _____ Date: _____

SECTION TWO: To be completed by the Assessment Review Committee:

- Application upheld – Student to attempt task on a date specified by the Leader of Learning
- Application upheld – Student to attempt substitute task on a date specified by the Leader of Learning
- Application upheld – Extension of time granted; new due date _____
- Application upheld – Student to be awarded the higher result of their original attempt or the estimate of the Leader of Learning
- Application upheld – task completed; marks to be given consideration at end of course final assessment
- Application declined

Reason:

Assessment Review Committee Representative:

_____ Date: _____

The Leader of Learning will forward copies of this page to the class teacher and student after a determination has been made.

STAFF USE ONLY

SECTION THREE: To be completed by the Classroom Teacher:

Recommendation: _____

Teacher Signature: _____ Date: _____

SECTION FOUR: To be completed by the Leader of Learning:

Recommendation: _____

Leader of Learning Signature: _____ Date: _____