CONDOBOLIN HIGH SCHOOL
MISADVENTURE/NON COMPLETION FORM

This form is to be completed if:

1. You failed to attend or submit an assessment task on time;
2. An absence/inability to complete is known of in advance;
3. You attended an assessment task and felt that your performance had been affected by an illness or misadventure that occurred immediately before or during the assessment task.

For 1, you must complete the form immediately (within two school days) of returning to school.
For 2, this form must be completed in advance of the ‘due date.’
For 3, you must tell a supervising teacher of the problem during the task and complete this form immediately (returned within 2 school days).

In all cases once the form is completed, it must be given to the Assessment Coordinator – Miss Melissa Rees (PDHPE/ADMIN Staffroom)

Student Name: ________________________________  Year: ________________
Subject: _______________________________  Due Date of Task: ___/___/____

Time of Task: Period _____ (If in class assessment)

☐ Inability to complete/failure to attend or submit an assessment task on time
☐ Performance affected by illness/misadventure

Please tick the relevant square above.

Supporting Statement by Student
(to be completed by the student with reasons why)

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Signed: ________________________________  Date: ________________

Parent/Guardian Signature: ________________________________  Date: ________________
(for students under 18 years of age)
Supporting Statement by Health Professional or Other Relevant Person (to be completed as proof for reason above)

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Statement by Class Teacher/Head Teacher

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date Received: ________________
Signed (Teacher): _______________ Head Teacher: _______________ Date: _______

Assessment Panel - Decision

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date Received: ________________
Signed (Assessment Coordinator/Deputy Principal): ________________ Date: ________________

Copies to:

Head Teacher – Faculty Date: ________________
Class Teacher Date: ________________
Student (via Head Teacher) Date: ________________
Original to Student File Date: ________________
Letter to Parent Date: ________________

STUDENTS DO HAVE THE RIGHT OF APPEAL TO THE PRINCIPAL IF THEY FEEL THE DECISION WAS UNJUST