

James Fallon High School

Special Consideration Application



~ Request for Extension and/or Consideration Due to Illness or Misadventure ~

Students are to Fill in the form and take to the Classroom Teacher		
Student Name:	Assessment Year:	
Teacher Name:	Course:	
Task Number and Name:	Date of Assessment Task:	
Nature of Task (please tick):		
<input type="checkbox"/> Examination	<input type="checkbox"/> Portfolio	<input type="checkbox"/> Written Task
<input type="checkbox"/> Performance	<input type="checkbox"/> Research Activity	<input type="checkbox"/> Speaking Task
<input type="checkbox"/> Assignment	<input type="checkbox"/> Practical Task	<input type="checkbox"/> Field Work
<input type="checkbox"/> Listening Task		
Reason for requested variation:		
Supporting documentation for medical/other reason has been provided to Deputy Principal:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature of Student:	Date:	

Classroom Teacher Comment	
Signature of Classroom Teacher:	Date:

More information required on back of form (page 2)

**To be either: a) Completed by Head Teacher, OR
b) Initiated by Head Teacher in the event of student
absence on due date of task.**

Date received:	Time received:
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Decision/Reason:

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Class Teacher:	Class Teacher Notified	Yes <input type="checkbox"/>
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Head Teacher Name:	Signature:
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Faculty Head Teacher Recommendation (please tick):

Sit or submit the task without penalty

Complete an alternative task

Approve an extension without penalty

No extension granted

No marks to be awarded

Other

To be completed by Deputy Principal

Date received:	Evidence presented:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Decision:

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Exam organiser notified where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Deputy Principal Name:	Signature:
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Please copy or scan this form for your own records and return it to the Deputy Principal who will file it for future reference.