7



Illness /Misadventure Application^{viii}

Take this application with you to the professional authority providing supporting documentation. If the professional authority provides independent supporting documentation they must complete page 46 for an illness or page 47 for a misadventure. Stage 6 students must complete all relevant sections of this application from pages 45, 46 and 47. Stage 4 and 5 students only complete page 45. _{HSC PRELIM}

Student Name:	Course (circle one): 10 9 8
Course Name:	Year	
Task Missed:	%	ValueOR
Task Attempted:		% Value
Date Due/Scheduled:		
Teacher's Name:		
Student statement outlining details of impact on performance: (Describe ho your performance or prevented your attendance.)		
Independent Documentary Evidence Attached: Yes No If y <i>Application: Supporting Documentation</i> form on page 46 for illness of with the professional authority providing documentation. Take this for authority providing documentation.	r page 47 for misadvent	ure, in consultation
1. Student's Signature:	Date	
2. Parent's Signature:		
 Class teacher's comment: (Optional) This completed form is now to be handed to the faculty Head To days of the due date of the assessment task or upon returning Head Teacher Determination: 		
Task to be accepted without penalty		
Penalty to be applied		
 Penalty to be applied (10% of task value per school day late – u Number of days late 	up to 5 days)	
Missed task to be completed on	(date)	
Alternative task to be completed on /by	(date)	
An estimate to be awarded		
A zero mark to be awarded		
Extension granted. Due date:		
Head Teacher 1 Signature: Head Teacher 2 Signature:	Date Date	
-		Date
Parental acknowledgement of Head Teacher determination		 Date

You will be informed of this decision within 5 school days of lodgement of this Illness/Misadventure Application.

IF YOU ARE NOT SATISFIED WITH THE DETERMINATION YOU MAY APPEAL IN WRITING TO THE HEAD TEACHER OF THE COURSE WITHIN FIVE SCHOOL DAYS OF RECEIVING THE RESULT OF THIS APPLICATION. Original to be filed in Student file Copy to Head Teacher Copy to HT Secondary Studies Copy to parent/student

Appendix 5



Independent Evidence of Illness

To be completed by an Independent Professional Authority^{ix}

Student's Name:

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION Your help in providing information regarding this student's illness is appreciated. This information will assist Killara High School in the assessment of this illness application.

Date(s) on which the student was seen: ______ A medical certificate <u>must</u> be attached to this form. <u>Nature of Illness</u> (Attach an additional statement if necessary)

Date(s) or period(s) of illness:

FROM: _____

то: _____

Please describe how the student's condition/symptom could impact their examination performance or their ability to complete the assessment on the set date. If the student was unable to attend an examination, it is essential to provide full details in the space below or attach an additional statement.

Assessment of severity of illness: (Please tick scale as appropriate)

MILD	
MODERATE	
SEVERE	

Your opinion of likely impact on student's capacity to undertake the assessment: (Please tick scale as appropriate)

MILD	
MODERATE	
SEVERE	
Independent Profe	ssional Authority
	<u> </u>
Name: Profession:	<u> </u>
Name:	
Name: Profession: Signature:	
Name: Profession:	

Stamp

Appendix 5



Independent Evidence of Misadventure

To be completed by an Independent Professional Authority^x

Student's Name: _

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION Your help in providing information regarding this student's misadventure is appreciated. This information will assist Killara High School in the assessment of this misadventure application.

To be completed by a relevant person such as a police officer. **Supporting documentary** evidence should be attached. Date of misadventure event:

Were you a witness to the event? Yes / No If no, how did you obtain the evidence you are providing?

Are you known to the student? Yes / No. If yes, describe the nature of the relationship:

Description of misadventure event:

Please describe how the student's misadventure could impact their examination performance or their ability to complete the assessment on the set date. If the student was unable to attend an examination, it is essential to provide full details in the space below or attach an additional statement.

Independent Professional Authority Name: Profession: Signature: Date: Address: Contact phone number:

Stamp

If you are in Year 11 or Year 12 and are absent due to illness or misadventure on the day an assessment task is scheduled or due, follow and complete this process within 5 school days of the due date of the assessment task. This process is mandatory for Year 11 and Year 12 students.



assessment task is scheduled or due, you must provide the school with documentary evidence from a medical professional or from your parent/carer. This must explain the specific reason for the absence. Stage 4 and 5 students only need to complete page 45 of the Illness/Misadventure Application process. Pages 46 and 47 are only required for Stage 6 students. Print the *Illness/Misadventure Application* from the Killara High School website by clicking on Home > About our school > Rules and policies > Assessment Policy and then selecting the *Illness/Misadventure Application* file. Alternatively, you can find this application on Compass by clicking on the Community (two people icon) > School Documentation > Assessment Policy > Illness/Misadventure.