Bonnyrigg High School

Assessment Appeal

I Shall Strive for the Best

This form is to be completed by a student who wants to appeal a decision made regarding their assessment task. Procedures outlined in the assessment booklet must be followed for any consideration to be extended with regards to the task.

This form together with any other relevant documentation, such as a doctor's certificate with a valid medical reason, must be completed and presented within two days of original decision to the Head Teacher or Deputy Principal. Students will be required to present their case verbally and may be required to give verbal and physical evidence of their achievement of course outcomes.

Students may bring a support person to this meeting approved by the Deputy Principal, such as the Year Advisor, Teacher or a Parent.

Failure to submit this form promptly may adversely affect the result of your request. It should not be assumed that an application using this form will be successful, as the reasons provided will be assessed on their merits.

Student Name: _____   Subject: _____

Date of Appeal: _____   Teacher: _____

Course *(tick one only)*:
- ❑ Stage 5 (Year 10)
- ❑ Preliminary
- ❑ HSC

Assessment Task: _____

Due Date of Task: _____

My appeal is regarding:

- ❑ Illness/misadventure denied
- ❑ HSC – error in awarding of rank

- ❑ Malpractice detected

- ❑ Invalid task

My appeal is based on the following grounds:

_____

_____

_____

_____

_____

_____

_____

_____

_____

I have attached *(tick one only)*:

- ❏ Medical Certificate from Dr _____ dated _____
- ❏ Proof of own work (please describe)
- ❏ Proof of invalid task (please describe)
- ❏ Other evidence disproving the original decision being appealed (please describe)

_____
_____
_____
_____
_____

Student Signature: _____   Parent Signature: _____

Date: Date:

TO BE COMPLETED BY THE ASSESSMENT APPEALS PANEL

Panel members:_____

Outcome:

- ❏ Appeal upheld
- ❏ Appeal denied

Reasons for the decision: _____
_____

Resolution or outcome: _____
_____

DP Signature: _____   Date: _____

PRINCIPAL ENDORSEMENT

Where appropriate, matters may require Principal endorsement

❏ Approved   ❏ Not Approved
Follow up (if required)   Reason/Action

_____   _____

_____   _____

Signature: _____   **Date**:_____