

STUDENT ASSESSMENT APPEAL FORM

Instructions:

This form is to be used by students to appeal any assessment-related decision made by a teacher assessor, or any aspect of the internal assessment process, including 'Breach of the Rules' and Assessment Extension decisions.

PART I (Student to complete)

Student Name: _____

Subject / Class / Level: _____ Teacher Name: _____

Department: _____ HOD/ TIC: _____

Standard Number: _____ Version: _____ Level: _____
(If applicable)

Standard Name: _____

Assessment Title: _____
(If applicable)

Type of Assessment: _____

Date of Assessment or due date (if applicable): _____

What is the assessment decision that you are appealing? _____

Reason for the Appeal: _____

What do you think is the correct decision? _____

Evidence to support Appeal: _____

Supporting information attached, includes: _____

Signed: _____
Student

_____ Date

Part II (HOD/TIC to complete)

I have reviewed the above Appeal and have made the following decision.

Signed: _____
HOD/TIC Date

Decision discussed with student: _____ (date)

Part III (Student to complete)

I am satisfied with the review of my Appeal.

Signed: _____
Student Date

OR

I am not satisfied with the review of my Appeal and hereby formally request that it be reviewed by the Principal's Nominee.

Part IV (Principal's Nominee to complete if applicable)

I have reviewed the above Appeal and after consultation with an independent third party have made the following decision.

PN to check the process and the communication of the outcome:

- HOD/TIC advised Date: _____
- Teacher Assessor advised Date: _____
- Student advised Date: _____
- Caregiver advised Date: _____

Mark book adjusted Yes Not applicable

Signed: _____
Principal's Nominee Date