

Illness or Misadventure Form for Assessment Task

Name: _____ Roll Class: _____

Category: Illness / Misadventure (Please circle appropriate category)

Subject: _____

Task Affected: _____

Date task was issued: ____/____/____

Date Task was due: ____/____/____

Was this task required to be researched at home, or in class (or both)?

Was this task required to be completed at home by, or completed in class on, the due date?

Part A: Illness (Medical Practitioner to complete)

The internal assessment system follows Board of Studies rules. For reasons of fairness and equity, it is important that only genuine cases of illness that affect the student's Ability to complete the task are accepted for special consideration.

1. Nature of illness:

2. How has this affected the student's ability to complete the task?

3. Doctor's Certificate attached Doctor's Signature: _____

Part B: Misadventure (student or parent to complete)

1. Nature of Misadventure:

2. How has this affected the student's ability to complete the task?

3. Please attach supporting documentary evidence.

Parent Signature: _____ Student Signature: _____ Date: _____



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