



REQUEST FOR CONSIDERATION FORM

STUDENT'S NAME _____

LANGUAGE _____ CLASS _____

TEACHER'S NAME _____

NATURE OF ASSESSMENT TASK _____

(Listening and Responding, Speaking, Reading and Responding, Writing)

DUE DATE OF TASK _____

DATE THAT TASK WILL BE COMPLETED _____

REASON FOR ABSENCE _____

(Provide sufficient information to support your case for consideration to sit for the task or substitute task or to gain an extension)

MEDICAL CERTIFICATE FROM: _____ (Name of doctor)
OR NATURE OF OTHER INDEPENDENT EVIDENCE

***Complete relevant section overleaf**

STUDENT'S SIGNATURE _____ DATE _____

PARENT'S/CAREGIVER'S SIGNATURE _____ DATE _____

TEACHER'S COMMENT _____

CENTRE EXECUTIVE RECOMMENDATION:

COMMUNICATED TO STUDENT AND PARENT/CAREGIVER: _____

SUPERVISOR'S SIGNATURE _____ DATE _____

SATURDAY SCHOOL OF COMMUNITY LANGUAGES

The Saturday School of Community Languages, in line with the BOSTES procedures, advises that students should attend examinations and submit assessment tasks unless it is considered detrimental to their health. Students who are unwell or experience misadventure must seek independent medical advice either immediately before or after each task OR examination AND present this medical certificate to the Centre Supervisor on their first Saturday back at school.

The person completing Section A or B must NOT be related to the student.

Independent evidence of illness – complete Section A.

Independent evidence of misadventure – complete Section B.

Section A

Independent evidence of illness: to be completed by a medical practitioner

Diagnosis of medical condition:

Date of onset of illness:

Date(s) and time(s) of all consultations / meetings relating to this illness:

Please describe how the student's condition/symptoms could affect their examination performance. *(If the student was **unable to attend** an examination, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application.)*

Any other comments or information which may assist in the assessment of the student's appeal. *(If there is not enough space, please attach additional sheet/s.)*

Please note that any fee for providing this report is the responsibility of the student.

Name of doctor or other health professional providing this information:

Profession:

Place of work/organisation:

Address:

Contact Phone:

Date:

Section B:

Independent evidence of misadventure: to be completed by a relevant person such as a police officer or a counsellor

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, nature of relationship:

Description of event:

Name:

Profession:

Place of work / organisation:

Address:

Contact Phone:

Date: