



YASS HIGH SCHOOL

Assessment Task Appeal

Illness / Misadventure

Name: Year: Date:

Subject Teacher:

Assessment Task Number (as per booklet):

Assessment Task Title:

Assessment Weighting: Your mark: Your rank:.....

I wish to appeal on the following grounds: (Please staple any documentary evidence to this form including Assessment Task Notification Sheet, Marking guidelines and your submitted task).

.....
.....
.....

I have read the Assessment Booklet and ensured that the grounds for appeal are consistent with that policy.

Student's signature: Date:

Parent/Carer's signature: Date:

Signature of Head Teacher: Date:

Comment

.....
.....

Assessment Appeal – Panel Recommendation

If Appeal is not recommended by Head Teacher

Decision details:.....

Deputy/Principal: Date:

Original to student, copy to teacher & student file