



# 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).

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.....  
.....

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