



Year 10 Assessment Adjustment Application Form

This form should be completed when a student is unable to complete assessment due to unforeseen circumstances e.g. sickness, injury etc.

Please submit this form directly to the Administration office or email to Y10assessmentadjustments@caloundrashs.eq.edu.au as soon as is practical. This form will then be forwarded to the respective Head of Department for their endorsement. Outcomes are communicated to the Student/parent via email.

STUDENT TO COMPLETE			
Student Name		Class	Application Date
SUBJECTS/ASSESSMENT REQUIRING AARA			
Subject	Assessment Type		Due Date
STUDENT STATEMENT			
Reason for inability to complete assessment:			
Student Signature:		Parent/Carer Signature:	
Date:		Date:	

OFFICE USE	
OFFICE: Application Received:	HEAD OF DEPARTMENT Application Received:
The following are to be notified of outcome: <input type="checkbox"/> Student <input type="checkbox"/> Teacher	
Record of Contact in One School: <input type="checkbox"/>	
<input type="checkbox"/> APPROVED New due date:	<input type="checkbox"/> NOT APPROVED • Documented as "Contact" in OneSchool
HOD Signature:	Date: