Request for Special Consideration
(Note: This request must be submitted within 5 school days after the examination/task/test)

Special consideration assists students who consider that their performance in an examination, task or test has been affected by illness or misadventure immediately before or during a class task, test or examination.

You cannot submit an application on the basis of:
• Difficulties in preparation or loss of preparation time.
• Long-term illnesses, unless you suffer from a flare-up of the condition during the task.
• A condition or illness that you are already receiving disability/special provisions for even if you chose not to use them during the task.
• Misreading instructions or the examination timetable.
• Other commitments, such as participation in entertainment, work or sporting events.

You must inform the teacher and/or supervisor of your intention to apply for special consideration as soon as you are aware of your intention to do so, be it immediately before, during or immediately after the examination. The supervisor of your examination will be asked to write a report on their observations of any disadvantage suffered by the student. You will not see their report.

Please complete a separate application for each examination or task that you are applying for.

Student name: ______________________________________    Course: ______________________

Examination/task/test name: __________________________________________________________

Scheduled date and time of examination/task/test: __________________________

Name of supervisor/teacher of examination/task/test: ____________________________________________

Did you receive disability/special provisions for this examination/task/test?    YES / NO

Outline of illness or misadventure (please attached documentary evidence):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Details of the effect on your performance, for each and every examination/task/test for which you are applying. Describe how illness or misadventure affected your performance or prevented your attendance. Give details of any action you took to report this.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Signed: _________________________________________ (Student) Date: ______________________

Signed: _________________________________________ (Parent/Carer) Date: ______________________

Approved / Not Approved

Director of Learning and Teaching: ________________________ Date: ______________