Assessment Task Appeal

Student’s Name:

Year: 

Subject/Course: 

Teacher: 

Assessment Task: 

Date of Task: 

Date form issued: 

Issued by: 

Reason for appeal

☐ The administration of the task. (Such as, inequitable processes being applied in the management of a task or student(s) gaining an unfair advantage.)

☐ The task not conforming to the school’s assessment policy. (Such as failing to notify that a task is assessable.)

Reasons for the appeal

Student Signature: 

Date: 

Parent Signature: 

Date: 

Teacher’s Comment: 

Head Teacher’s Recommendation: