JJ CAHILL MEMORIAL HIGH SCHOOL

APPEAL FOR REVIEW OF ASSESSMENT

This form is to be submitted to the Principal when requesting a review of one or more of the following:

- A Head Teacher’s decision about an illness/misadventure appeal (you must appeal within 2 days of the notification of the decision);
- A Student’s order of merit for an assessment task or for a course;
- Assessment practice that does not follow the school’s guidelines.

NAME OF STUDENT: ____________________________________________ ROLL CALL: __________________________

COURSE/SUBJECT: ____________________________________________ TEACHER: __________________________

NAME OF ASSESSMENT TASK: (If applicable) ____________________ DUE DATE: (If applicable) ______________

(Attach a copy of the Task)

☐ I WISH TO HAVE THE PRINCIPAL REVIEW THE ABOVE TASK IN RELATION TO PROCEDURAL FAIRNESS.

☐ I WISH TO HAVE THE PRINCIPAL REVIEW THE HEAD TEACHER’S DETERMINATION REGARDING MY MARK FOR THE ABOVE TASK OR COURSE.

MY APPEAL IS BASED ON THE FOLLOWING GROUNDS: ____________________________________________________________

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STUDENT’S SIGNATURE: ______________________________________ DATE: __________________________

PARENT/GUARDIAN’S SIGNATURE: ____________________________ DATE: __________________________

DATE RECEIVED BY PRINCIPAL: ___________________________ DATE OF DETERMINATION: ______________________

DETERMINATION: UPHELD / DECLINED

COMMENTS: __________________________________________________________

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PANEL MEMBERS’ SIGNATURES:

________________________________________________________

PRINCIPAL (R. COWIN)    DEPUTY PRINCIPAL (J MIFSUD)    HEAD TEACHER OF YEAR GROUP OR DELEGATE

POSTED TO STUDENT ON (DATE): ____________________ SAO NAME AND SIGNATURE: ____________________________