



Kawana Waters State College

Respect Excellence Diversity Enjoyment

JUNIOR SECONDARY APPLICATION FOR EXTENSION OF ASSESSMENT /SPECIAL PROVISIONS FORM

NAME		HOME GROUP	
REQUEST TIMELINES The request for Extension/Alternate Exam or Special Provision must be submitted to the Head of Department prior to the due date of the assessment task for consideration.			
EXTENSION/ALTERNATE EXAM – <u>more than two (2) school days</u> prior to the due date.		SPECIAL PROVISIONS – <u>at least five (5) school days</u> prior to assessment due date.	
STEPS 1. Check Junior Secondary Assessment Policy for eligibility for extension/alternate exam/special provisions and then tick the appropriate box. <i>I am eligible for an exam extension / alternate exam according to the Junior Secondary Assessment Policy because:</i> <ul style="list-style-type: none"> <input type="checkbox"/> I have been absent due to illness for an extended period of time and I have a medical certificate. <input type="checkbox"/> I have been absent due to other commitments, for an extended period of time, and I have supporting documentation. <input type="checkbox"/> Other extenuating circumstances – explain in Section A below. <p style="text-align: center;">OR</p> <i>I am applying for Special Provisions:</i> <ul style="list-style-type: none"> <input type="checkbox"/> modification to conditions (including, but not exclusive to, filming of an oral presentation)- explain in Section A below. 2. Complete Section A, parent/guardian to sign and date and attach supporting evidence. 3. Section B to be completed and signed by class teacher 4. Section C to be signed by Head of Department 5. Form will be filed in Student Profile			
SECTION A TO BE COMPLETED BY PARENT/GUARDIAN and STUDENT			
Subject		Assignment Topic	
Date Assignment Given	/ /	Checkpoint Date	/ /
Final Due Date		/ /	
Reason Extension/Alternate Exam/Special Provisions Requested (<i>please provide specific dates of absences and/or illness / Reasons for adjustments</i>)			
Parent/Guardian signature		Date	/ /
SECTION B – TO BE COMPLETED AND SIGNED BY TEACHER			
Teacher Name			
COMMENT ON STUDENT'S WORK EFFORT TO DATE ON ASSIGNMENT			
Extension/Alternate Exam/Special Provision Supported?			YES/NO
Teacher's signature		Date	/ /
SECTION C – TO BE SIGNED BY HEAD OF DEPARTMENT			
Extension/Alternate Exam/ Special Provision Approved			YES/NO
Details of Provisions:			
New date for submission of assignment /Alternate Exam			
Head of Department signature		Date	/ /