



## Application for Assessment Extensions to due dates (for unforeseen illness and misadventure only)

'To strive is to grow'

Date of application:	<input type="text"/>
Student's Name:	<input type="text"/>
Form class:	<input type="text"/>
Subject/s:	<input type="text"/>
Assessment Type:	<input type="text"/>

### Eligibility

#### *Application for Assessment Extensions to due dates for unforeseen illness and misadventure*

Students whose ability to attend or participate in an assessment is adversely affected by illness or an unexpected event may be eligible for illness and misadventure access arrangements and/or reasonable adjustments.

A student who is ill and unable to attend school for **internal assessment** should inform the Principal's delegate as soon as practical. Arrangements such as comparable assessment and extensions may be considered when illness or misadventure is established. Students and parents/carers must contact the Principal, Principal's Delegate (Deputy Principal or Guidance Officer) as soon as possible and submit the relevant supporting documentation.

The following principles apply:

- The illness or event is unforeseen and beyond the student's control, such as personal circumstance or emergent cultural obligation e.g. summons/subpoena to appear in court or close family members' death/funeral.
- An adverse effect must be demonstrated.
- The situation cannot be of the student's own choosing or that of their parents/carers, such as a family holiday or sport.
- An illness and misadventure application cannot be made for the same condition or circumstances for which QCAA-approved AARA have been approved.

### Supporting Documentation

To make an informed decision about an illness and misadventure application, the QCAA requires a report from an independent health professional that includes the following details:

- the illness, condition or event (including details of a diagnosis, where applicable)
- date of diagnosis, onset or occurrence
- symptoms, treatment or course of action related to the condition or event
- explanation of the probable effect of the illness, condition or event on the student's participation in the assessment

**For non-medical claims**, written evidence from a relevant independent professional or other independent third party, such as a social worker, member of the clergy, police officer, solicitor or funeral director are required.

In all circumstances, the person providing the supporting documentation must have specific knowledge of the illness, injury, personal trauma or serious intervening event, and must not have a close personal relationship with, or be related to, the student.

**Currency of supporting documentation**

Supporting documentation must cover the date of the assessment for which the application is made.

**Timelines for application**

Applications for internal assessments must be submitted as close to the assessment event as possible.

**Identify why you are applying for an *Application for Assessment Extensions to due dates for unforeseen illness and misadventure?***

Provide details of disability, impairment, medical condition or other circumstances:

**Parent Acknowledgement:**

I have discussed this application with my child and I support the request for an *Application for Assessment Extensions to due dates for unforeseen illness and misadventure*. I acknowledge that this application is subject to approval from the Principal (or delegate) in line with school and QCAA policies.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this application with any necessary documentation to the Head of the Department of the subject of which you are applying for an extension.

***To be completed by school staff:***

Impact of condition:

Assessment covered by this application:

**Supported by:**

Head of Department: \_\_\_\_\_

New Due Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Date signed: \_\_\_\_\_

Principal's Delegate: \_\_\_\_\_

Date signed: \_\_\_\_\_



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# Boonah State High School

## Confidential Medical Report

(for unforeseen illness and misadventure only)

Medical reports may only be completed by the student's general practitioner (GP), medical specialist, or psychologist (registered under Queensland's *Medical Practitioners Registration Act 2001* and/or Queensland's *Psychologists Registration Act 2001*). The health professional providing a report must not be related to the student or employed by the school. The information provided needs to be current and relate to the relevant assessment item/period.

Information in this report is treated in strictest confidence and is only used for the purpose of determining the student's ***Application for Assessment Extensions to due dates for unforeseen illness and misadventure***. If the health professional does not use this report form, they must supply a current medical report containing all of the following information.

Student Name:

Form class:

### Parent Acknowledgement:

I give permission for my health professional to provide information concerning this application to Boonah State High School.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You are applying for:

Illness and misadventure (for unforeseen circumstances)

Health professionals complete **Part A** and **Part B** – illness and misadventure, and complete and sign the **Health professional details**.

Submit this completed report as part of an ***Application for Assessment Extensions to due dates for unforeseen illness and misadventure***.

### Health professional details

Name:	
Profession:	
Phone:	
Specialty/qualifications: (if applicable)	
Place of work:	
Registration number:	
Practice stamp: (if applicable)	
Signature:	Date:    /    /

**Part A**

This section is **only** to be completed by the health professional.

Diagnosis:	
Date of diagnosis:	
Date of occurrence/onset:	
Provide a brief history of the student's medical conditions, including symptoms.	
Is the student currently receiving treatment? Please indicate.	
Comment on the probable effect of this medical condition on this student's ability to complete timed assessment.	

**Part B – Illness and misadventure**

This section is **only** to be completed by the health professional.

<p>I consider that the effect of the impairment arising from the medical condition is/was:</p> <p><input type="checkbox"/> mild      <input type="checkbox"/> moderate      <input type="checkbox"/> severe</p>
<p>I consider that the student is/was:</p> <p><input type="checkbox"/> disadvantaged due to a temporary medical condition</p> <p><input type="checkbox"/> unfit to participate in assessment due to a temporary medical condition from    /    /    to    /    /    .</p> <p><input type="checkbox"/> unfit to participate in assessment due to a deterioration in a chronic condition from    /    /    to    /    /    .</p>
<p>If the student was affected for less than a full day, comment on the amount of time the student was affected during the timed assessment, eg. Second half of the exam session.</p>