



APPEALS AGAINST ASSESSMENT DECISIONS

Name:		Date:
Year / Subject:		Teacher:
Assessment Task:		
Date of Task / Due:		Task Notification Date:
Negotiated Change of Date:		Head Teacher:
Date of Notification from Assessment Committee:		

Do you feel you have followed the Assessment Policy?	Yes / No <i>(Please circle)</i>
<i>Please explain how.</i>	

Do you feel the Assessment Committee have followed the Assessment Policy?	Yes / No <i>(Please circle)</i>
<i>Please explain how.</i>	

Are there special circumstances that you feel need explanation?	Yes / No <i>(Please circle)</i>
<i>If so please explain.</i>	

PRINCIPAL'S DECISION	Upheld / Declined

Signature:

Date: / /