



**SYLVANIA HIGH SCHOOL  
ILLNESS/MISADVENTURE FORM  
YEAR 11 and 12**

*This form is to be used when applying for special consideration for an assessment task.*

Student Name: .....

Course Name: .....

Teacher: ..... Year 12      OR      Year 11      *(circle one)*

Due date of task: .....

Task: .....

Reason for the Special Consideration –      ILLNESS      or      MISADVENTURE      *(circle one)*

Please provide details:

.....

.....

..... *(Attach pages if more room required)*

How did this affect the completion of the task?

.....

.....

.....

List evidence attached e.g. letter, medical certificate, funeral notice:

.....

.....

Student' Signature: ..... Date: .....

Parent's Signature: ..... Date: .....

Date Received: ..... By whom (teacher): .....

Determination:      Application accepted      Application rejected      *(circle one)*

Details: .....

.....

.....

*Office Use Only (To be returned to student)* ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂

**Special Consideration Determination by Assessment Committee Delegate**

Student Name: ..... Task: .....

Application accepted      Application rejected      *(circle one)*

Details: .....

.....

Head Teacher Signature: ..... Date: .....



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Use this form when providing evidence for special consideration. The person completing this form must not be a relative.

**PART A Independent Evidence of Illness**

Medical Diagnosis: .....

Date of onset of illness: .....

Date(s) of consultations related to illness: .....

Please describe how the student's medical condition could impede their performance in the relevant assessment task:

.....  
.....  
.....  
..... (Attach pages if more room required)

Name of health care practitioner: .....

Profession: .....

Address: .....

Contact Number: ..... Signature: ..... Date: .....

*Note: Independent evidence of illness must be dated on or before the day of the absence and must cover the period of absence.*

**PART B Independent Evidence of Misadventure**

Date of event causing misadventure: .....

Were you a witness to the event?                      YES    or    NO    (*circle one*)

If NO, how did you obtain the information that you are providing? .....

What is your relationship to the student? .....

Please describe the event: .....

.....  
.....  
..... (Attach pages if more room required)

Name: ..... Profession: .....

Contact Number: ..... Signature: ..... Date: .....

*Note: Independent evidence of misadventure should not be completed by a relative and must cover the period of absence.*