



Special Consideration Application

Special Consideration can only be granted for specific assessment tasks and not for extended periods of time. Sometimes, Special Consideration may be afforded by allowing additional time to complete an assessment task, but only where negotiated with the Director of Teaching & Learning.

Students who are afforded special consideration are encouraged to complete the assessment task, if appropriate, so that they may have an opportunity to demonstrate improvement. If they choose not to do so, their overall assessment, and rank order (if relevant), must be based only on all other completed assessment. In this regard, the student is neither disadvantaged or advantaged through this process.

NAME:	DATE:
FORM:	

I REQUEST THE FOLLOWING SPECIAL CONSIDERATION: (Indicate what changes to assessment dates or conditions you are requesting – these will be determined by D-T&L).

- Sit an examination on another day. (_____)
- Sit an examination at another time. (_____)
- Submit/Present an assessment item on another day. (_____)
- Use a word processor/scribe/reader during an examination.
- Have _____ extra time on an examination.
- Other: _____

THE REASON FOR THIS REQUEST IS DOCUMENTED BELOW AND ON THE ATTACHED:

- Medical Certificate
- Professional Evaluation/ Professional Ascertainment Held by: _____
- Other _____

Assessment for which Special Consideration is sought:

Subject	Teacher	Assessment	Due Date

Student Signature: _____ **Parent/Guardian Signature:** _____ **Date:** ___ / ___ / ___

STUDENT'S RESPONSIBILITIES:

- Complete this form and gain your parent's signature.
- Attach relevant documentation.
- Return the form (or a photocopy) to the Director of Teaching and Learning for a decision on your application. This will be written on this form. A copy will be given to you.
- Your class teacher will be notified of the Director of Teaching and Learning's ruling on your application.

School Use Only

Teacher's COMMENTS :

- I support this Request for special consideration.
- I do not support this request for special consideration.

Supporting reasons:

Director of Teaching & Learning:

- I support this Request for special consideration.
- I do not support this request for special consideration.

Date student notified:

Signature: _____

Additional Comments: