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, prior to the due date of the assessment task.

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 either disadvantaged or advantaged through this process.

NAME: ___________________________  FORM: ___________  DATE: ___________

I REQUEST THE FOLLOWING SPECIAL CONSIDERATION: (Indicate what changes to assessment dates or conditions you are requesting – these will be determined by The Director of Teaching & Learning).

☐ 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:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Teacher</th>
<th>Assessment</th>
<th>Due Date</th>
<th>Requested Extension Date</th>
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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 & 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 & 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 Teaching & Learning:

☐ I support this request for special consideration.
☐ I do not support this request for special consideration.

Date student notified: __________________________________________________________

Signature: __________________________________________________________

Additional Comments: