YASS HIGH SCHOOL
Assessment Task Appeal

Name: ................................................. Year: ........ Date: ............

Subject ........................................ Teacher: .................................

Assessment Task Number (as per booklet): ........................................

Assessment Task Title: ....................................................................

Assessment Weighting: ...... Your mark: ................... Your rank:...........

I wish to appeal on the following grounds: (Please staple any documentary evidence to this form including Assessment Task Notification Sheet, Marking guidelines and your submitted task).

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I have read the Assessment Booklet and ensured that the grounds for appeal are consistent with that policy.

Student’s signature: ................................. Date: ......................

Parent/Carer’s signature: ................................. Date: ......................

Assessment Appeal – Panel Recommendation

Name: ................................................. Year: ....................

Subject: ........................................ Teacher: .................................

Assessment Task Number (as per booklet): ......................

Decision details: ...............................................................

Principal: ................................................................. Date: ..............

Year Adviser: ............................................................ Date: ..............

Head Teacher of Teaching and Learning: ............................... Date: ..............

We value respect, responsibility, safety and learning.