REQUEST FOR SPECIAL CONSIDERATION

The request for Special Consideration must be applied for prior to the due date of the assessment task.

Instructions: Complete Section 1 and submit this form to the Head of Department or Guidance Officer with documentation to support your request. Please ask the subject Head of Department or your Guidance Officer for this form.

SECTION 1:

I, ___________________________________________________ Year _________ request special consideration regarding:

 o my assessment for the period __________________________ to ______________________
or o my assessment task ______________________ (subject) ______________________________ (topic) __________________________ (teacher).

Reason for seeking special consideration:

________________________________________________________________________________________

Describe the specific action you are requesting:

________________________________________________________________________________________

Describe how this action is fair to you and to others:

________________________________________________________________________________________

Supporting documentation o is attached o has not been provided

Student’s signature _______________________________ Date _________________

Parent/guardian signature __________________________ Date _________________

SECTION 2: HOD/Guidance Officer to complete.

Comment:

Recommendation:
To grant special consideration: o YES o NO

Specific Action:
 o Variation of assessment instrument
 o Opportunity to resit original or similar test
 o Change of due date of assessment item
 o Modification to test condition. Details ______________________________________________________
 o Other ______________________________________________________

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<tr>
<th>Subject Affected</th>
<th>Teacher</th>
<th>Assessment Item</th>
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Copy to: o HOD(s) o Teacher(s) Original to Deputy (SDCS)