



## Request To Revisit An Assessment Item

### Years 11 & 12 only

#### Part A: To be completed by the student

Student \_\_\_\_\_ Year \_\_\_\_\_

Department \_\_\_\_\_ Subject \_\_\_\_\_

Teacher \_\_\_\_\_

Assessment item \_\_\_\_\_

Reason you wish to revisit your assessment item:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date original assessment returned to student:..... (1 week to apply)

Level of Achievement:.....

Student's Signature: .....

Parent/Guardian's Signature..... Date: ...../...../.....

#### Part B: Approval to revisit assessment item – To be completed by Head of Department

Request to selectively update has been approved                      YES                      NO

Alternate task discussed     Tick

Due: \_\_\_\_\_

Subject Teacher Signature:.....Date:...../...../.....

Head of Department Signature:.....Date:...../...../.....

**NOTE: THIS FORM MUST BE ATTACHED TO ASSIGNMENT WHEN IT IS SUBMITTED.**