

# Hawera High School

## Student Assessment Appeal Application

**PARENT/CAREGIVER OR STUDENT TO COMPLETE - Please give this form to your subject teacher**

Student Name/Form Class: \_\_\_\_\_

Subject/Teacher: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Assessment Details: \_\_\_\_\_

(Include Title and Standard Number/Level/Type of Assessment etc)

**Reason for Assessment Appeal Request** (Tick the appropriate box)

☐ I have discussed the issue with my subject teacher in the first instance (This must occur)

☐ I would like the HOD to reconsider my grade.

My reasons for this request are as follows: (Please explain – use the back of this page if needed)

Parent/Caregiver/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY - Head of Department to Complete**

**Outcome:** ☐ The grade awarded by the teacher stands ☐ The grade awarded has been changed to \_\_\_\_\_

**Reason:** \_\_\_\_\_

**SIGNATURES** (Student - The reason for this decision has been explained to me and I accept the decision)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Nominee Signature: \_\_\_\_\_ Date: \_\_\_\_\_