APPENDIX 2 - Missed Assessment Opportunity Form

students Assessment work

MISSED ASSESSMENT OPPORTUNITY

TO BE COMPLETED AND HANDED IN AT LEAST ONE FULL DAY BEFORE DUE DATE OR ON DAY OF ASSESSMENT IF ABSENCE NOT FORESEEABLE. To be filled in prior to a known absence e.g sports trip, cultural trip, medical appointment etc

STUDENT NAME:	Class:		
SUBJECT: TEACHER:			
ASSESSMENT:			
DATE OF MISSED ASSESSMENT:			
REASON FOR MISSED ASSES	SSMENT:		
Supporting documenta	ation/evidence attached		
SIGNED:	(student) DATE:		
REASON F	OR MISSED ASSESSMENT – AC	CCEPTABLE?	
REASON:			
SIGNED:	(Subject Teacher)	DATE:	
SIGNED:	(AP or Learning Area Liaison)	DATE:	
SIGNED:	(NZQA PN) DATE :		
THIS FORM MUST BE STORE	D BY THE PN AND BE AVAILABLE F	OR AUDIT. File with the	