

APPENDIX 2 - Missed Assessment Opportunity Form

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 ASSESSMENT:



Supporting documentation/evidence attached

SIGNED: _____ (student) DATE: _____

REASON FOR MISSED ASSESSMENT – ACCEPTABLE?

REASON: _____

SIGNED: _____ (*Subject Teacher*) DATE: _____

SIGNED: _____ (*AP or Learning Area Liaison*) DATE: _____

SIGNED: _____ (*NZQA PN*) DATE: _____

**THIS FORM MUST BE STORED BY THE PN AND BE AVAILABLE FOR AUDIT.
File with the students Assessment work**