St Francis Xavier’s College

ASSESSMENT APPEAL FORM

After an assessment item has been returned to the class, you have 48 hours to complete this form and give it to your teacher. Attach the original task and criteria sheet to this form.

Name: ____________________________  TG: __________  Date: __________

Subject: ____________________________  Teacher: ____________________________

Assessment Task: _______________________________________________________

Reason for Review: Outline your reasons for requesting a marking review
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature: ____________________________  Time/Date: __________

Teacher’s Signature: ____________________________  Time/Date: __________

The teacher is to forward this to the Studies Co-Ordinator.

Studies Co-ordinator Use:

Note the decisions re: decision to remark, marker allocation, appeal upheld or denied, how feedback is given to class teacher and student, and re-recording of changed mark.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Studies Co-ordinator’s Signature: ____________________________  Date: __________