



## Special provisions Request for use of a derived result

- Requests for the use of a derived result must be received at the SACE Board **within 3 days of the student's last examination**. Applications submitted more than 3 days after the student's last examination **will not be reviewed**.
- Email [SACE.SpecialProvisions@sa.gov.au](mailto:SACE.SpecialProvisions@sa.gov.au) Special Provisions Helpline **(08) 8115 4854**
- Refer to the [Special provisions in curriculum and assessment](#) page for more information.

### Student(s) affected

Name of individual student:

SACE registration number

Student's home email \_\_\_\_\_

or

**Class:** Please attach a list of the students affected (e.g. a copy of the examination attendance roll).

### School details

Contact school \_\_\_\_\_ SACE Board school number

School contact person \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Student's declaration

I declare that all the information I have provided to my school is true and correct.

Name of student \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

### Principal's (or principal's delegate's) recommendation — Please mark (x) Yes or No.

Yes No

To the best of my knowledge, the student(s) is/are eligible on the ground(s) stated.

The circumstances described are true and accurate.

I support the use of a derived result / derived results for the student(s) listed.

or

The student is *not* eligible, and I do not support the use of a derived result / derived results.

### I have checked that all details are correct:

Name of principal/delegate \_\_\_\_\_

Signature of principal/delegate \_\_\_\_\_

Date \_\_\_\_\_



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## Grounds for eligibility

Identify all grounds that form the basis of this request. Please mark (x) the appropriate box, and provide details below.

Medical Condition     
  COVID-19     
  Misadventure\*     
  Personal Circumstances

Outline why the student was unable to participate in the external assessment, or if able to participate, the reasons their performance was affected..
What actions were taken to support the student to participate in/complete the assessment/examination, including any school-approved special provisions
How long has the student been affected by the circumstance/condition or misadventure?

\*For a whole class misadventure please use one form and attach a copy of the attendance roll that identifies the affected students.

**Assessment type/task affected** – Please complete the table below.

Subject	Investigation (I) Written examination (W) Oral examination (O)	The student attempted the external component (Y/N)

**Please submit, with this application, the relevant sections/documentation, as indicated below:**

Application type	Section 1: Confidential school report	Section 2: Medical practitioner's report – Parts A and B (for the time period requested)	Principal's statement*
Medical condition	✓	✓	
COVID-19	✓		✓
Misadventure	✓		✓
Personal circumstances	✓		✓
Other evidence held at school:			

\*The SACE Board reserves the right to request a Statutory Declaration.

**Section 1: Confidential school report**

- Section 1 is to be completed by the school and submitted to the SACE Board for all requests for the use of a derived result.
- A separate report must be used for each subject for which a derived result is requested.

Subject \_\_\_\_\_ s      SACE subject code 

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Name of student \_\_\_\_\_  
(BLOCK LETTERS)      Family name                                  Given names                                  

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SACE registration number

**Subject teacher's comments**

- Examples include: the student's preparation for the examination; communication with the student prior to, or after, the examination.

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Name of subject teacher \_\_\_\_\_

Signature of subject teacher \_\_\_\_\_ Date \_\_\_\_\_

**Invigilator's observations**

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**Principal's (or delegate's) comments**

- Any further information relevant to the request (e.g. communication with the student/family prior to the examination).

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Name of principal/delegate \_\_\_\_\_

Signature of principal/delegate \_\_\_\_\_ Date \_\_\_\_\_

## Section 2: Confidential medical practitioner’s report – part A

- Part A is to be completed by the student and presented to his or her medical practitioner.
- Part B is to be completed by the student’s medical practitioner.
- The medical practitioner is requested to send parts A and B directly to the SACE Board within 3 working days of the consultation.
- Email [SACE.SpecialProvisions@sa.gov.au](mailto:SACE.SpecialProvisions@sa.gov.au)

Name of student \_\_\_\_\_  
(BLOCK LETTERS)      Family name                                  Given names

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SACE registration number

School \_\_\_\_\_

School contact person \_\_\_\_\_ School telephone \_\_\_\_\_

### Subjects for which the request is being made

Subject name	Subject code

### Release of information to the SACE Board

I consulted my medical practitioner on \_\_\_\_\_ [date(s)] and have arranged for my medical practitioner to complete **Section 2: Confidential medical practitioner’s report – part B** and send **Section 2, parts A and B** to the SACE Board of South Australia.

I give permission for a medical practitioner appointed by the Board, or officers of the Board, to obtain further details from my medical practitioner if considered necessary by the Board. I understand that the SACE Board will treat this information confidentially. I agree to my medical practitioner disclosing to the SACE Board of South Australia the information given by him or her in this form, which I have asked him or her to send directly to the SACE Board.

Name of student \_\_\_\_\_  
(BLOCK LETTERS)

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

### Advice to students requiring a confidential medical practitioner’s report for a serious medical condition (including illness) or a psychological disorder

- Approval of a request for the use of a derived result requires strong supporting evidence from the school and from a medical practitioner *who is not related to you*.
- For your application to be considered, the medical information provided must be more detailed than a ‘medical certificate of sickness’.
- You may request the use of a derived result if you:
  - *are unable to attend an examination*. You must advise your SACE coordinator or principal as soon as possible and consult with your medical practitioner on the day of the examination.
  - *sat an examination or performed while impaired by a serious medical condition (including illness) or a psychological disorder*. You will need to consult your medical practitioner on the day of the examination. Do not miss an examination merely because you do not feel able to do your best. If you are eligible, the SACE Board will use the higher of your actual result and your derived result
  - *suffered from a serious illness of 3 or more days’ duration immediately before an examination*. You will need documentation from your medical practitioner for the period of 3 or more days immediately before the examination. Your medical practitioner will need to state the dates and duration of your illness.
- Loss of preparation time or reduced effectiveness of preparation because of illness are not grounds for the use of a derived result.

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**Section 2: Confidential medical practitioner’s report – part B**

- *The information in this report will be treated as confidential.*
- *Any consultation fee involved is the responsibility of the student.*

This report is for a student who is requesting the use of a derived result because of a serious condition. This result can be used in any of the following three circumstances in which the student:

- was unable to attend an examination because of a serious medical condition (including illness) or a psychological disorder
- sat an examination or performed while impaired by a serious medical condition (including illness) or a psychological disorder
- suffered a serious illness of 3 or more days’ duration immediately before an examination.

\_\_\_\_\_ consulted me on  
Given names \_\_\_\_\_ Family name \_\_\_\_\_

(all relevant date/s) \_\_\_\_\_ at (time/s) \_\_\_\_\_ stating: \_\_\_\_\_

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

This person has been known to me / the practice since \_\_\_\_\_

Based on my clinical examination, my diagnosis is \_\_\_\_\_

\_\_\_\_\_

Degree of severity of condition. Please mark (x) the appropriate box  Mild  Moderate  Severe

**Students are encouraged to attempt the examination(s) where possible, even if they feel their performance may not be optimal, because, if the request is granted, the student will be awarded the higher of the examination result and the derived result.**

Please comment on the likely impact on the student’s ability to undertake or complete the required assessment(s) (including the likely duration of the impairment).

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

I declare that I am not related to this student.

The SACE Board may contact me for further clarification of this student’s condition if required.

Name of medical practitioner \_\_\_\_\_  
(BLOCK LETTERS)

Medical provider number \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Signature of medical practitioner \_\_\_\_\_ Date form completed \_\_\_\_\_