SACE BOARD
SOUTH AUSTRALIA

Form 32/26

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 business 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 or call 1300 322 920.*
- *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 _____

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 ☐ 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	✓	✓	
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 | | | | | | |

Name of student _____
(BLOCK LETTERS) Family name Given names

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.

_____

_____

_____

_____

_____

_____

Name of subject teacher _____

Signature of subject teacher _____ Date _____

Invigilator's observations

_____

_____

_____

_____

_____

Principal's (or delegate's) comments

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

_____

_____

_____

_____

_____

_____

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 their medical practitioner.*
- *Part B is to be completed by the student's medical practitioner.*
- *Students **must** provide both Part A and B to their SACE Coordinator within 3 business days of the consultation.*
- *SACE Coordinators **must** submit an application including Part A and B within 3 business days of the student's last examination.*

Name of student _____
(BLOCK LETTERS) Family name Given names

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
- Loss of preparation time or reduced effectiveness of preparation because of illness are **not** grounds for the use of a derived result.

SACE registration number

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 two 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

_____ 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 _____