



TARADALE HIGH SCHOOL

NQF ASSESSMENT APPEAL FORM (PART ONE)

Student's Name: _____ Subject: _____

Assessment No.& Name: _____ Level _____ Grade _____

Date: _____ marked assessment returned to student Date of Appeal _____

Reason for the Appeal *(student to fill in):*

- ☐ I wish to appeal the grade I have been awarded
☐ I have discussed my grade with my class teacher
☐ I would like the HoD/Principal's Nominee to reconsider my grade/the decision made. My reasons for this request are;

- ☐ I wish to appeal any other assessment decision, eg not being granted a re-submission opportunity, issues relating to assessment misconduct or authenticity
☐ I have discussed the issue with my class teacher
☐ I would like the HoD/Principal's Nominee to reconsider the decision made
My reasons for this request are;

HOD Recommendation

Signed _____ (HOD)

- ☐ The grade awarded/decision made by the class teacher stands

- ☐ The grade awarded has been changed to _____

Final Decision Principal's Nominee

☐

Grade Reason _____

Signed (Principal's Nominee) _____ Date _____

Feedback to Student

- ☐ The reason for this decision has been explained to me
☐ I accept the decision
☐ I don't accept the decision and will be appealing further

Student Signature _____ Date _____



TARADALE HIGH SCHOOL

NQF ASSESSMENT: APPEAL FORM: PART TWO

Use this form only if you have been through **Part one** of the appeal process and you wish to appeal the decision made by the Principal's Nominee.

Such appeals will be considered by the **Senior Management Team**

Student's Name: _____ Subject: _____

Assessment No.& Name: _____ Level _____ Grade _____

Date: _____ marked assessment returned to student Date of Appeal _____

Final Decision Senior Management Team

☐

Grade
Reason

Signed (NZQA Liaison Teacher) _____

Date _____

Feedback to Student

[] The reason for this decision has been explained to me

[] I accept the decision

Student Signature _____

Date _____