

SPECIAL CONSIDERATIONS POLICY

Policy number	42	Version	3
Approved by ABG on	25 September 2015	Scheduled review date	September 2016

1 Purpose

The purpose of special consideration is to give a student, whose work for a particular piece of assessment has been adversely affected by exceptional circumstances beyond their control, a further opportunity to demonstrate their ability.

2 Scope

This policy applies to all NIODA students.

3 Policy Statement

A student whose work during a teaching period or other assessment has been affected by acute illness or other exceptional cause beyond their control may apply in writing to the Director Academic Programs for special consideration.

4 General Principles

3.1 Students are expected to complete all compulsory assessment tasks, tests and examinations at an acceptable standard and to meet all compulsory assessment deadlines to meet course requirements.

3.2 Students who suffer an acute illness or other extenuating circumstance as described below and which prevents them from meeting acceptable standards and deadlines may apply for special consideration.

3.3 Special consideration may apply where exceptional causes can be demonstrated in one or more of the following circumstances:

- acute illness – e.g. hospital admission, serious injury, severe asthma, severe anxiety or depression. This does not include minor illness such as a mild cold
- loss or bereavement – e.g. death of a close family member, family relationship breakdown
- hardship/trauma – e.g. victim of crime, sudden loss of income or employment, severe disruption to domestic or work arrangements
- relevant obligations to military or jury service or service to emergency services such as the Country Fire Authority.

3.4 The following circumstances would not normally be considered to be extenuating circumstances:

- routine demands of employment
- difficulties adjusting to the self discipline needed to study effectively, and to the demands of academic work
- stress or anxiety normally associated with examinations, required assessment tasks or any aspect of course work
- routine need for financial support
- lack of knowledge of requirements of academic work.

SPECIAL CONSIDERATIONS POLICY

In consultation with the Education Committee, the Director Academic Programs will determine the most appropriate outcome for the special consideration application, depending on the student case and the piece of assessment affected, but a mark adjustment shall not be made under any circumstances.

5 Processes

4.1 Under circumstances such as those outlined above, students must first advise their current teacher of their intention to make an application for special consideration. Students can then apply for special consideration by completing the application form attached and submitting it to the Director Academic Programs.

4.2 Supporting documentation must accompany the application and must include one or more of the following forms of evidence:

- Medical certificate/s with the dates clearly marked when the student was unfit to complete assignments
- Letter of support from a medical practitioner, psychologist or lawyer that must attest to the practitioner's judgment, based on the student's circumstances and on information provided, that the student would have been unfit to complete work for assessment on or before the relevant date. A letter of support should be provided only when the student was unable to obtain medical advice on the date or dates he or she was affected by exceptional circumstances
- Death notice or certificate
- A police report
- Statutory declaration from the student or other relevant party
- Notification on official document (can include email) including start and finish dates of obligation to e.g. Jury Duty, obligations to CFA or other emergency service.

4.3 Once submitted, the Director Academic Programs will send notification in writing to the student of receipt of the application, and will then consult both the teacher in charge of the subject and the Education Committee before deciding an appropriate course of action in response to the application.

4.4 Depending on the circumstances, responses to requests for special consideration can include:

- An extension of time for submission of the assignment
- An alternative assessment method for ascertaining that the student has achieved learning outcomes to a standard sufficient to be considered able to pass the subject. Under such circumstances, students are only eligible for a pass result of 50%.

4.5 Responses must be sent in writing to the students within two weeks of the application being received.

4.6 Should a student be dissatisfied with the response to the application, he/she should refer to the Student Grievance Policy.

6 Responsibilities

It is the responsibility of students to submit an application for special consideration within two weeks of returning to the course or not more than two weeks after an assignment is due to be submitted once classes have finished.

In consultation with the Education Committee and the student's current teacher, the Director Academic Programs is primarily responsible for the implementation of this policy.

SPECIAL CONSIDERATIONS POLICY

Application for Special Consideration

If you believe that you are eligible to apply for special consideration in line with NIODA's Special Consideration Policy, please complete the following form. You may request the form of assessment adjustment that you are seeking, but ultimately this decision is within the discretion of the Director Academic Programs who will consider all factors relating to this application in consultation with your teacher and the Education Committee.

1.	Name	
2.	Course	
3.	Subject	
4.	Assignment for which Special Consideration is sought	
5.	Is work currently in progress?	
6.	Individual or Group Assignment?	
7.	If yes, what % proportion is complete?	
8.	What is the main reason for Special Consideration?	
9.	Please provide details	

SPECIAL CONSIDERATIONS POLICY

10.	What evidence is attached?			
11.	Requested adjustment (please tick one)	Extension	Deferral	Alternative Assessment
12.	Student Signature			
13.	Date: ___/___/_____	Receipt Date: ___/___/_____		
14.	Response:			
15.	Director Academic Programs Signature			
16.	Date: ___/___/_____			