



REQUEST FOR REMARK

Office Use Only

STUDENT'S NAME: _____

SUBJECT TEACHER'S NAME: _____

SUBJECT: _____

ASSESSMENT TASK: _____

YEAR LEVEL: _____

Remark Checklist

Have you completed the following steps in the re-marking procedure?

1. Discussed your result with the teacher who marked your work?

Date: _____

YES

☐

NO

☐

2. Allowed yourself enough time to look back over your work, think carefully about what the teacher has said about your work, and discussed this feedback with your parents/carer? (Remember, there is a 24 hour "cooling off" period)

YES

☐

NO

☐

3. Identified specific criteria (as set out on the criteria sheet or assessment schema) where you feel you have been inaccurately assessed.

YES

☐

NO

☐

If you have answered NO to any of the above, you must go back and complete the re-marking procedures above.

If YES, please outline below the criteria in which you feel you have been inaccurately assessed and the reasons why you feel this is the case.

(N.B. Remark requests must be in no later than 3 days after you have discussed your work with your teacher. This form is to be submitted at the student reception via the assignment box.)

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STUDENT'S SIGNATURE: _____ DATE: _____