****

**Student Request for Review of Internal Assessments**

Please complete this form if you have a query with your internal ratings that is unresolved.

**Section A: To be completed by Parent/Carer or Student**

|  |  |
| --- | --- |
| Name of Student |  |
| Subject & Level |  |
| Name of Teacher |  |
| Date Submitted |  |
| **Reason for Review:** |
| **Please attach documentation and evidence to substantiate the claim/s.** |
| Student Signature: Date: |
| Parent Signature: Date: |

Once completed, please hand to the Principal’s Administrative Assistant at the front office asap.