

APPLICATION for a DERIVED GRADE 2011

Instruction page for the CANDIDATE

You may apply for a Derived Grade if you are an NCEA candidate who has:

- a. attended a 2011 examination and your performance has been significantly impaired for an approved reason, **or**, been unable to attend an examination or submit a portfolio for an approved reason, **and**
- b. been entered for any externally assessed standard or standards for which your school holds an assessed result derived from valid, standard specific evidence.

Approved reasons include a current non-recurring illness, a sudden and significant change to a long-term sickness, disability or condition, misadventure, or there are exceptional circumstances, such as the death of a family member or selection for national representative duties. For further information and frequently asked questions refer to the **Derived Grade Process Guidelines** published on the NZQA website.

What you need to do:

1. Discuss your application with your school's Principal's Nominee, Kate Williams, to help you decide whether you should apply and to ensure that all appropriate information is obtained in time.
2. Return, completed, those forms (below) which are relevant to your application to Kate Williams or the school office no later than **Thursday 1 December 2011**.

If you are unable to fill in Section A, a parent or guardian can act on your behalf.

If your application is timely and approved, your Derived Grade results will appear on your results notice in January. Discuss any queries you have about a Derived Grade result with Kate Williams.

FORMS and information needed for your application are:

Section A: Candidate details, declaration, and the standards being applied for.

Section B: to be completed by a **registered health professional** if the application is for medical reasons. The candidate must have been to a health professional within a day of each examination for which an application has been made. They need to examine the candidate and describe the nature, extent and timing of the illness or impairment. The candidate must ensure that the completed form is delivered to the Principal's Nominee, Kate Williams or the school office **by Thursday 1 December 2011**.

OR

Section C: to be completed by an **independent professional** e.g. Police, counsellor or if the application is for non-medical reasons e.g. trauma, family bereavement.

The candidate must ensure that the completed form is delivered to the Principal's Nominee, Kate Williams, or to the school office, **by Thursday 1 December, 2011**.

OR

OTHER DOCUMENTATION as requested by your school or NZQA such as that for national representation or family bereavement.

Address for posting:

Kate Williams
Principal's NZQA Nominee
Onslow College
Private Bag 13-906
Johnsonville

or hand in to the school office

or to Kate Williams, room 16 or the office next door

(Section A continued) Candidate fills in the first 5 columns then gives this to the school to complete.

Use the details on your admission slip.

Candidate Name:

NSN:

Derived Grade application record 2011

Subject and level (eg English level 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application (use the 90000 number not 3.1)	Grade <i>(school)</i>	Notes <i>(school)</i>

Subject and level (eg English level 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application (use the 90000 number)	Grade <i>(school)</i>	Notes <i>(school)</i>

Subject and level (eg English level 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application (use the 90000 number)	Grade <i>(school)</i>	Notes <i>(school)</i>

Subject and level (eg English level 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application (use the 90000 number)	Grade (school)	Location of evidence (PCSchool column #) (school)

Subject and level (eg English level 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application (use the 90000 number)	Grade (school)	Notes (school)

Subject and level (eg English level 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application (use the 90000 number)	Grade (school)	Notes (school)

- MEDICAL -

**Section B: TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL
(e.g. medical doctor, psychologist, physiotherapist)**

Thank you for taking the time to complete this form.

Please read the following before completing any documentation.

1. The information you provide allows the school and the New Zealand Qualifications Authority to fairly assess your patient's application for a Derived Grade(s) for external examinations. You **do not** need to supply a medical certificate as well for this application.
2. Approved reasons include a non-recurring acute illness, condition or injury, which occur immediately leading up to or during the examination period. Any impairment suffered by the candidate immediately leading up to or during the examination period will need to have affected/will affect the student's ability to perform in or prepare for an examination. Any impairment **MUST** be significant eg. an upper respiratory tract infection is not regarded as an acute illness unless the symptoms indicate a significant impairment.
3. Impairment of a long-term nature is not an approved reason as candidates were able to apply for special assessment conditions for a long-term sickness or disability. Approval for a Derived Grade may be given if there is a sudden and **significant change** to long-term sickness, disability or condition, brought on by a change in medication for example.
4. Impairment may include acute emotional upsets such as bereavement of a close relative or friend, or serious illness in the family. It does **not** include emotional upsets such as panic attacks or stress due to the examinations.

INFORMATION PROVIDED MUST BE FROM CLINICAL EXAMINATION(S)

Patient Name: Date of Birth:/...../.....

1. The **date of this consultation** is / / 2011 Time (am/ pm)
2. **Clinical Diagnosis:** at the time of this consultation briefly describe the patient's illness, condition or injury.
3. Indicate the **date of onset** of this illness, condition or injury /...../.....

Comment if necessary:

4. From the date given in 3 above, indicate likely **duration** of this illness, condition or injury:
1 day or days or weeks or None

Comment if necessary:

5. I am able to confirm that this patient suffered a significant illness/condition/injury: YES / NO
(if NO go directly to qu.10)

(PTO)

Or

6. This patient: (Tick as appropriate):

- has been has been impaired when studying between 2011 / / 2011 and / / 2011
- was impaired** and unable to sit the examination(s) between 2011 / / 2011 and / / 2011
- was impaired** when taking examination(s) held between 2011 / / 2011 and / / 2011
- will be impaired** when taking examination(s) to be held between 2011 / / 2011 and / / 2011

7. Indicate **the level of impairment** this patient's illness/condition/injury has had on their **ability to prepare** for an NCEA examination during the time period immediately prior to the examination(s):

- Not applicable **OR**
- Minimal (e.g. a bit of a cold) Moderate (e.g. home with headaches/in bed very sick) Severe (e.g. candidate in hospital)

Comment if necessary:

AND/OR

8. Indicate the level to which you consider this event has impaired the ability of this student to **perform in an NCEA examination** (s):

- Minimal (eg. could sit/could have sat the exam) Moderate Severe (would not have been/will not be able to sit the exam)

9. Did you instruct the candidate not to sit the examination(s)? YES / NO

If YES which date/s / / 2011 am / pm (circle)
/ / 2011 am / pm (circle)

10. Is there any other information or comment which **you** consider would assist in assessing this student's application?

Health professional:

Your name (in capitals or your stamp please):

Professional Qualification:

Name of hospital/clinic/surgery:

Town/City:

Business Telephone no:

Signature: Date:

(Thank you)

TRAUMA MISFORTUNE

Section C: TO BE COMPLETED BY AN INDEPENDENT PROFESSIONAL (e.g. Police, independent counsellor)

Thank you for taking the time to complete this form. Please read the following before completing any documentation.

The information you provide allows the school and the New Zealand Qualifications Authority to fairly assess this candidate's application for a Derived Grade(s) for external examinations.

To complete this form you need to be an independent professional with specific knowledge of a personal trauma or a serious and unfortunate event, suffered by the candidate immediately leading up to, or during, the examination period. This event will need to have significantly impaired the student's ability to attend, perform in, or prepare for, an examination.

Impairment does not include emotional upsets such as panic attacks or stress due to the examinations. Impairment may include acute emotional upsets such as bereavement of a close relative or friend, or serious illness in the family.

Candidate Name: Date of Birth /..... /.....

- 1. Describe the cause and or nature of the personal trauma or serious unexpected unfortunate event:
2. Record the date(s) of any professional consultation(s) you have had with this candidate with regard to this event.
3. Give the date of the event (if this is a one off event)
4. From the date given in 3 above, indicate likely duration of the impact of this event:
5. I am able to confirm that this event had a significant impact for this candidate: YES / NO

OR

- 6. This patient:
has been has been impaired when studying between
was impaired and unable to sit the examination(s) between
was impaired when taking examination(s) held between
will be impaired when taking examination(s) to be held between

(Section C continued)

7. Indicate the level to which you consider this event has impaired the ability of this student to prepare for an **NCEA examination** during the time period immediately prior to the examination(s):

Not applicable

OR

Minimal

Moderate

Severe

(i.e. little effect on preparation)

(i.e. the student is/was disadvantaged in preparing for examinations)

AND/OR

8. Indicate the level to which you consider this event has impaired the ability of this student to **perform in an NCEA examination** (s):

Minimal

Moderate

Severe

(i.e. negligible or no effect)

(i.e. the student's performance was/will be impaired)

9. Did you instruct the candidate not to sit the examination(s)? YES / NO

If YES which date/s / / 2011 am / pm

/ / 2011 am / pm

10. Is there any other information or comment which **you** consider would assist in assessing this student's application?

11. Supporting evidence and/or documentation is attached OR Not Applicable

Independent professional:

Your name (in capitals)

Signature: Date:

Qualification (if applicable)

Name of your practice or the organisation you represent

Town/City: Contact no:

Thank you