Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

Gifted and Talented programs

Illness, incident or misadventure review request form

Parent/carers can request a review if unexpected and unavoidable factors might have prevented their child from performing to the best of their ability during the test. Reviews must be based on reasonable grounds, which can include:

- suspected misalignment of answers in the exam
- test centre problems such as disruptions
- unforeseen illness or injury occurring during the test
- difficult family circumstances and/or bereavements in the immediate period leading up to the test where the impact could not be reasonably managed through an alternative testing date.

Before completing this form, please refer to the Applicant Guidelines for examples of situations that are not considered reasonable grounds for a review and which will be declined.

Misalignment requests will be handled by the Australian Council for Educational Research (ACER), who will conduct a full investigation of potential misalignment patterns using the child's original test booklet and answer sheet. All other requests will be examined by an ASET review panel. Outcomes will be communicated to families prior to the formal release of ASET Performance reports.

For enquiries about the process or assistance in completing this form call 9264 4307 or email gtsu@education.wa.edu.au. Please note that the review process is time-sensitive and completed requests must be submitted **within seven days of the child's test** to gtsu@education.wa.edu.au.

Applicant details				
Given name/s				
Surname				
Student number (if known)				
Current school year (circle)	**6**	**8**	**9**	**10**

Type of review requested (please ✓ as appropriate)	
Illness, incident or misadventure	
Misalignment	
Other	

Reason for review

Please provide as much detail as possible about the incident, including specific times and the test(s) in which it occurred. Additional space is provided on Page 3 if required. The information you supply will be considered along with any relevant notes from the *Lead Supervisor's Report*.

continue on next page if needed

Evidence provided

Please provide a brief description of any evidence you are submitting with this form to support your claim (e.g. medical records)

Parent/carer name……Signature…….....

Reason for review continued