



Hornsby Girls High School

Assessment Student Impact Statement

Student Details

Student Name: _____

Year Group: Year 10

Year 11

Year 12

Roll Call Class: _____

Task/Subject: _____

1. Has the illness/misadventure impacted your school/class attendance?

Please give relevant details.

2. Has the illness/misadventure impacted your completion of this assessment task?

Please give relevant details.

3. Has the illness/misadventure impacted your submission of this assessment task?

Please give relevant details.

4. Any further information:

Student Signature:

Date:

Parent/Caregiver Signature:

Date: