Forest Hill Collegiate Institute
Missed Evaluation Procedures Form

Student Name: _____

Parent Name: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Date of missed evaluation: _____

Missed Evaluation: (course and type of evaluation):

_____

_____

Teacher: _____

Reason for missed evaluation:

_____

_____

As the student/parent of a student who has missed a final evaluation, I acknowledge:

- All missed final evaluations will result in a mark of zero for the corresponding portion of the final grade unless an alternative evaluation is permitted following consultation between the administrator and the teacher.
- It is my responsibility to provide all necessary documentation to support the reasons for extenuating circumstances, within **two school days** of the missed evaluation.
- The administrator, in consultation with the teacher, will make final determination regarding an alternative evaluation once documentation is provided.
- If an alternative evaluation is permitted, it will be used to calculate my final grade.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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FHCI Evaluation Policy:

To fulfill Ministry of Education policy, a student must complete the Final Evaluation in a course, which may include but is not limited to an examination. If a student misses a final evaluation, the student will receive a mark of '0' for the evaluation.

Final evaluations may be rescheduled only when it is certified by the attending physician that the student was too seriously ill to participate in the scheduled evaluation.

With the information provided by this form, the Principal will determine whether or not an alternative evaluation is warranted.

Unless it is a documented and on-going medical condition, for which the student is receiving medical care, anxiety and/or stress do not constitute grounds for an alternative assessment.

To be completed by the student:

Student Name: _____

Date of Birth: _____

To be completed by the attending physician:

Please be advised that due to a serious illness which rendered the student too ill to complete a final evaluation, the above-named student will be/was absent from school on the following day (s):

From: _____ To: _____

In my medical opinion, this student was too ill to complete his/ her final evaluation(s).

_____
Signature of Doctor

_____
Name of Doctor (Please print clearly)

_____
Date Signed

Please stamp or attach letterhead providing contact information