

Lawrence Park 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, or 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 assessment is warranted due to extenuating circumstances.
- 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 principal will make final determination regarding extenuating circumstances once documentation is provided.
- If an alternative evaluation is warranted, it will be used to calculate my final grade.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Lawrence Park Collegiate Institute

Missed Evaluation Due to Illness Form

L.P.C.I. EVALUATION POLICY: All students must complete the Final Evaluation, which may include but is not limited to an examination, in each course, to fulfill Ministry of Education policy. **FINAL EVALUATIONS MAY BE MISSED ONLY BECAUSE OF SERIOUS ILLNESS AND WHEN ACCOMPANIED BY A MEDICAL CERTIFICATE.** Students who miss a final evaluation, or portion thereof, may be permitted to complete an alternative assessment, otherwise, a mark of zero (0) will be assigned. **With 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 normally constitute grounds for an alternative assessment.*

STUDENT'S NAME: _____

Date of Birth: _____

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

From: _____ To: _____

The **Medical Reason** for the absence is:

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