

Assessment Concession: Health Professional Form



- This form is to be completed by a registered health professional, including signature and practice stamp.
- Give the completed form to the student or email them a copy.

Purpose

The purpose of a student applying for Assessment Concession is to ensure their academic progress is not unfairly affected by circumstances beyond their immediate control.

The student must consult with a registered health professional as soon as possible after the onset of illness, injury or other critical personal circumstances.

Critical personal circumstances are defined as circumstances which have a profound effect on the normal functioning of the student. Examples are provided on the websites listed below.

The effect will usually be in terms of ability to concentrate, to think clearly or be able to put aside strong emotion for the duration of the assessment or a significant proportion of the study period. Such circumstances may result in an impairment of functioning significant enough to substantially impact on performance in the assessment.

For more information see the Extensions and Assessment Concessions [MIT website](#) or [Unitec website](#).

Student details

Student ID Number

First Name

Last Name

Preferred Name

Course(s) this application applies to (course code/title)

Reason student is applying for an Assessment Concession

The student has a physical or mental health condition that is or was likely to impact on their learning as follows:

- Preparation for the exam or assessment
- Completion of the exam or assessment

Resuming Study

In my professional capacity, I confirm that the student will be able to complete:

The assessment from this date

Any clinical or workplace requirements from this date

Student's personal circumstances

Please present your information in terms that will be understood by MIT and Unitec teachers, who are not health professionals. As the documents may be seen by several members of staff, please do not include very personal information in your statement.

Summary of the circumstances that affected the student:

Assessment of impact on the student (select one)

- Significant:** This student was unable to attempt or prepare adequately for the assessment.
- Moderate:** The student could attempt and prepare for the assessment, with substantial reduction in performance likely.
- Mild:** The student was able to attempt and prepare for the assessment, with some reduction in performance likely.

This form should be considered as (select one)

- Medical Certificate** (detailing the student's critical personal circumstances)
- Reporting Certificate** (evidence of the critical personal circumstances not observed at the time of the student's visit)

Consent

By completing this document:

- I agree to be contacted to validate the circumstances I was consulted on, and the severity of impact on the student.
- I give my consent for any relevant details to be shared with the appropriate members of staff.

Name	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Name of practice or medical centre	<input type="text"/>
Date	<input type="text"/>		

Signature _____

Practice Stamp