



# Gifted and Talented programs Illness, Incident or Misadventure Review Request

Parent/carers can request a review if there were unexpected and unavoidable factors which could have prevented your 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 a list of examples which are *not* considered reasonable grounds for a review and which will be declined.**

Misalignment requests will be undertaken 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](mailto:gtsu@education.wa.edu.au). Parent/carers should note that the review process is time-critical and, as such, completed requests must be submitted **within seven days of the child’s test** to [gtsu@education.wa.edu.au](mailto:gtsu@education.wa.edu.au)

| Applicant details            |          |          |          |           |
|------------------------------|----------|----------|----------|-----------|
| Given name/s                 |          |          |          |           |
| Surname                      |          |          |          |           |
| Student number (if known)    |          |          |          |           |
| Current school year (circle) | <b>6</b> | <b>8</b> | <b>9</b> | <b>10</b> |

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

## Reason for review

(please provide as much detail as you can about the incident, including any 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 have provided with this form to support your claim (e.g. medical records)

Parent/carer name.....Signature.....

Reason for review continued