



BRACKEN RIDGE
STATE HIGH SCHOOL

RECOMMENDATION FOR SPECIAL PROVISION

STEP ONE Student and Parent/Carer	STUDENT and PARENT/CARER TO COMPLETE		
	Name:		Date request submitted:
	Grounds for Application – Please tick		Details of Impact on Student’s Academic Performance
	Medical		
	Mental Illness		
	Family		
	Compassionate – personal trauma		
	Elite Sportsperson		
	Physical Factors		
	Academic Factors		
	Other (specify in details)		
	Period of impact on student:		
	Documentary Evidence Attached:		YES / NO
For approval to proceed, appropriate documentary evidence must be attached.			
Student Signature:		Parent/Carer Signature:	
STEP TWO Guidance Officer with Head of Dept Senior Schooling or Head of Dept Education Support Services	GUIDANCE OFFICER TO COMPLETE		
	Period for which Special Provision is recommended:		
	Person managing application of Special Provision: GO / HoD ESS / HoD SS		
	Subject impacted	Provision Recommended	Person Actioning Provision
Guidance Officer Signature:			
Principal’s Signature:			