**APPLICATION FOR A DERIVED GRADE 2024**

**Information and instructions for students**

**A derived grade may be available if, for an approved reason you:**

1. could not sit an external examination;
2. did not submit a **completed** portfolio (Level 2 & 3 Design and Visual Communication, Technology, Level 3 Education for Sustainability or Level 3 Visual Arts) – please note, a portfolio will still need to be submitted; **derived grades are not available for Level 1 over-time submitted externals.**
3. sat an NZQA external examination and believe your performance was **significantly** affected;
4. have been selected for **national representation** in a sport or approved activity – please note that you need to see your school’s Principal’s Nomineefor a [pre-approval form.](https://www2.nzqa.govt.nz/ncea/ncea-for-teachers-and-schools/managing-national-assessment-in-schools/derived-grades/available/#e23493)

**Approved reasons include:**

* **at the time of the exam:**
	+ a temporary acute non-recurring illness
	+ trauma, misadventure, or exceptional circumstances
	+ a sudden and significant change to a long-term illness
* significant conditions diagnosed after **1 October** or a traumatic event after **1 October**

There is more information on derived grades [here](https://www2.nzqa.govt.nz/ncea/ncea-for-teachers-and-schools/managing-national-assessment-in-schools/derived-grades/) on the NZQA website.

Please note: derived grades are not to compensate for missed learning or study time

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| **What you need to do:**1. See your school’s Principal’s Nominee, who will:
* help you make an application
* ensure all required information is provided in your application
* make the application to NZQA on your behalf
1. **Complete Section A**
2. **Complete** **Section B OR Section C** to support your application

**Section B - MEDICAL and TRAUMA APPLICATIONS you must:*** Arrange **for** **Section B to be completed** **by a** **registered health professional** eg doctor, physiotherapist, surgeon, psychologist, counsellor, practice nurse, school nurse.

**Ensure evidence to support your application from a health professional:*** is collected at the **time you are unwell**
* includes a **diagnosis** and the **impact on your preparation for, or performance in, an examination or completion of a portfolio.**

**Note: A medical certificate alone is not enough unless it contains ALL the information required in Section B.****Section C- EVENTS and MISADVENTURE you must:*** Complete **Section C and attach supporting evidence.** Use this section when a registered health professional’s report is not appropriate. (eg. Police Report, order of service for bereavement etc)

 1. Return this completed form to your school’s Principal’s Nominee **no more than two weeks after the last assessment that you are applying for.**

**NOTE: Applications received after the release of results cannot be considered.** |

**SECTION A**

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| TO BE COMPLETED BY THE STUDENT (or a parent or guardian) |  |
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**Student Name:**

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**Student email address to notify you if your application is declined**

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| **School:** |  |  **NSN:** |  |  |  |  |  |  |  |
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| Type of Application | Medical/Trauma Event/Misadventure  |
| Date(s) applied for  | From ……../…../….. to …../…../……  |
| Subjects applied for*NB You should not apply for a standard where a Not Achieved derived grade will be reported.* |  |
| Reason for application |
| **Authorisation to Disclose Information:** I authorise the school and NZQA to discuss this application with any person who has signed this form or any attachment.Signature of student .........................................................…..... Date.....…….………........ |

**NZQA** considers a derived grade based on the evidence you provide. If there isn’t enough evidence to help us make a decision, we may contact your school or you to get more information.

Your Principal’s Nominee **must submit** your application even if they personally do not consider you are eligible.

If your application is approved, your derived grades will appear on results release unless your grade is higher from sitting the exam.

**NZQA will write to you if your application is declined.**

If your reason for applying involves a very private matter, please contact your school’s Principal’s Nominee to discuss the application.

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| Section A: SUBJECTS AND STANDARDS APPLIED FOR |  |
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***Student completes the first 5 columns. Do not include standards where a Not Achieved derived grade will be reported.***

Name: …………………………………… NSN ………………………………

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| **Subject and level** (eg. English L 1) | **Exam date** |  **am** *or* **pm** | **I attended the****exam** (yes/no) | **Standard numbers for this application** |  ***Grade****(school only)* | ***Notes***  *(school only)* |
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| **Subject and level**  | **Exam date** |  **am** *or* **pm** | **I attended the****exam** (yes/no) | **Standard numbers for this application** |  ***Grade****(school only)* | ***Notes*** *(school only)* |
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| **Subject and level**  | **Exam date** |  **am** *or* **pm** | **I attended the****exam** (yes/no) | **Standard numbers for this application** |  ***Grade****(school only)* | ***Notes*** *(school only)* |
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| **Subject and level**  | **Exam date** |  **am** *or* **pm** | **I attended the****exam** (yes/no) | **Standard numbers for this application** |  ***Grade****(school only)* | ***Notes*** *(school only)* |
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| **Subject and level**  | **Exam date** |  **am *or*** **pm** | **I attended the****exam (yes/no)** | **Standard numbers for this application** |  ***Grade****(school only)* | ***Notes*** *(school only)* |
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\* Copy this page if the application covers more than five subjects or levels.

**Attestation – the above grades have been Quality Assured**

**Signed**: **…………………………………….** *(Principal’s Nominee)* **Provider Number: …….**

**SECTION B**

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| MEDICAL AND TRAUMA TO BE COMPLETED BY AN INDEPENDENT REGISTERED PROFESSIONAL(eg, medical doctor, psychologist, physiotherapist, practice nurse, school nurse, counsellor) |  |
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**Please read the following before completing this derived grade application.**

To complete this form, you need to be an **independent registered professional** and have:

* carried out a clinical examination(s) at the time of the exam(s)
* specific knowledge of a personal trauma or a serious and unfortunate event, suffered by the candidate **immediately leading up to, or during** the exam period.

**NZQA assesses entitlement** to a derived grade. The information you provide allows NZQA to fairly assess your patient’s application.

**Approved reasons for a derived grade include**:

1. A [**temporary**](https://www2.nzqa.govt.nz/ncea/ncea-for-teachers-and-schools/managing-national-assessment-in-schools/derived-grades/available/#e23488)acute illness, condition, injury OR a traumatic event,
* that occurs **immediately prior (within 1 week) to a candidate’s exam session**
* the impairment **MUST** be **significant, that is, have an observable detrimental effect** on the student’s ability to attend and/or perform in the examination(s)
* may include acute emotional upsets through the bereavement of a close relative or friend, or serious illness in the family.
1. A [**significant**](https://www2.nzqa.govt.nz/ncea/ncea-for-teachers-and-schools/managing-national-assessment-in-schools/derived-grades/available/#e23489) condition, injury or event **after 1 October .**
* the condition, injury or event will need to have a **significant, observable detrimental** effect on the student’s ability to attend and/or their functional ability when sitting their examination(s).

**Long-term illness or disability (eg concussion, depression, anxiety)**

* Students with a long-term illness, chronic condition or trauma that affected them before 1 October are not eligible for a derived grade
* may be approved if there is a **well-documented current** and **significant** **change** to their condition;
* the change must occur **within a week** to the examination and impact on their functional ability when sitting their examination(s).

**NOTE:** Impairment **does not** include emotional upsets such as stress due to the examinations.

**A MEDICAL CERTIFICATE ALONE IS NOT ENOUGH UNLESS IT CONTAINS ALL THE INFORMATION REQUIRED IN THIS SECTION. INFORMATION PROVIDED MUST BE FROM CLINICAL EXAMINATION(S)/CONSULTATION AND BE GATHERED AT THE TIME OF THE EXAMINATION(S).**

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| Patient/Student Name …………………………….. |
| 1. Date of onset condition/illness OR trauma/event …../……/……
2. 2. Date of this consultation ……../……/……
3. 3. Dates of previous consultation(s) in regard to this condition/illness OR trauma
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**COMPLETE EITHER MEDICAL OR TRAUMA DEPENDING ON APPLICATION**

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| **FOR MEDICAL APPLICATIONS (ILLNESS, CONDITION OR INJURY)****Clinical diagnosis** – **briefly describe** the patient’s illness/condition/injury at the time of this consultation and its functional impact on the candidate’s ability to sit/perform in the examination(s) |
| **FOR TRAUMA APPLICATIONS**Briefly describe:* the nature of the personal trauma /event
* the impact on the candidate’s functional ability to complete/perform in their examination(s)
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| **Please Note**: A candidate who attends and attempts the examination is still eligible for a derived grade if their derived grade application is approved by NZQA. |
| **INDEPENDENT REGISTERED PROFESSIONAL ATTESTATION**The above student was seen by me and in my opinion has been unfit to sit examinations from …..…/..…../…..… to …..…/..…../…..…Signature ………………………………………………………… Date / /I am a registered health professional and hold a current practicing certificate. Name: ………………………………….......................... . Registration No………………..Name of hospital/clinic/surgery/practiceTown/City Contact no: |

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| **PRINCIPAL’S NOMINEE**Ensure the following information is included in this student’s on-line application:* date of onset/event
* date of visit(s) to medical professional
* diagnosis by medical professional and impact
* dates the evidence identifies the student has been impacted
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**SECTION C**

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| **AN EVENT/MISADVENTURE SUPPORTED WITH RELEVANT DOCUMENTARY EVIDENCE**(eg order of service, police report, accident and emergency report etc) |  |
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**Please read the following before completing this derived grade application.**

1. Use this section where a student is unable to attend and/or perform in an assessment due to an event/misadventure, and that does not require an attestation from a registered medical professional.

**Note: where an event/misadventure results in trauma/ongoing trauma /illness, evidence from a health professional is required.**

1. The event/misadventure will need to have a **significant detrimental effect** on the student’s ability to attend and/or perform in an examination.

Examples of events and supporting evidence are provided below

**Supporting** [**evidence/information**](https://www2.nzqa.govt.nz/ncea/ncea-for-teachers-and-schools/managing-national-assessment-in-schools/derived-grades/apply/#e23511)**, as appropriate, must be attached**

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| **Student Name** …………………….. |
| Date(s) of the event/misadventure ……./……/….. |
| Briefly describe the:* nature of the event/ / misadventure (a serious unexpected/unfortunate event)
* impact of the event/misadventure on the candidate
* any information or comment which you consider would assist in assessing this student’s application?
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| **Please Note:** A candidate who attends and attempts the examination is still eligible for a derived grade if their performance is deemed to be **significantly impaired** |

**SUPPORTING EVIDENCE PROVIDED**

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|  | Order of Service/Funeral Notice to attend a funeral/tangi hanga of a relative/friend |
|  | Report from Social Worker/Police/Traffic/ Court Registrar of an event |
|  | Attestation from Principal’s Nominee confirming the death of a candidate’s parent or sibling  |
|  | Accident and Emergency report/ discharge for accident |
|  | Other - please specify |

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| SECTION D: PRINCIPAL’S NOMINEE CHECK LIST 2024 |  |
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**Student Name:** ............................................................

**CHECKLIST TO SUPPORT ONLINE APPLICATION COMPLETION**

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|  | The student application form is completed and signed |
|  | Section B **or** C is complete, with appropriate supporting evidence |
|  | Evidence covers the date(s) of the exam session(s) involved |
|  | The grades submitted have been confirmed to be valid, quality assured and accurate |
| **Principal’s Nominee evaluation of application** |
|  | The school supports this application as meeting NZQA guidelines. |
| The school should guide the student/family on the extent to which the application meets NZQA eligibility criteria and guidelines **but should not prevent a candidate** from making the application. |
|  | The school does not support this application (indicate and explain this in the online application). |
|  | The school believes the application does not meet the eligibility criteria and has advised the candidate of this |
|  | The school has advised the candidate they should choose not to apply for a derived grade where Not Achieved will be reported |
|  | The school **does not** hold a valid grade for the standards(s) involved. |

**ONLINE APPLICATION**

The online application tool closes **5pm on Thursday 5 December 2024.**

Online application was completed online by:

Name .................................................. Designation (eg. PN, DP)........................... Date / /2024

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| **In managing this application, please:**1. Check that all sections relevant to the application are complete. Contact your School Relationship Manager if you need any clarification
2. Check that the school (or Te Aho o Te Kura Pounamu 498) holds a valid grade for the standard(s) involved
3. Ensure you include the following information in the student’s on-line application:
	* date of onset/event
	* date of visit(s) to medical professional (where relevant)
	* diagnosis by medical professional or description of event
	* dates the evidence identifies the student has been impacted
	* evidence provided to support the application
4. Each application must include the relevant forms and any supporting documents.
5. Retain all documentation relating to a derived grade application for one year for audit purposes.
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