Supervised Assessment — student information and verification sheet (calculator used)

|  |  |  |  |
| --- | --- | --- | --- |
| Subject  |  | School |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of student |  | SACE Registration number |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of teacher |  |  |  |

All work that students submit for school assessment must be their own, produced without undue assistance from other people or sources.

Teachers who are unable to verify that the final piece of work submitted for assessment is the student’s own work must initiate a breach of rules action, through the SACE coordinator.

|  |  |
| --- | --- |
| *Name of supervised assessment:* |  |
| *Length of supervised assessment:* |  |
| *Date of supervised assessment:* |  |
| *Start and finish time:* | *Start time:* | *Finish time:* |
| *Other information regarding conditions for this supervised assessment:* |  |

**Approved equipment for supervised assessment:** (teacher to compile equipment list)

|  |  |
| --- | --- |
|  | *Handwritten notes – 1 side of one A4 sheet* |
|  | *Examination formula sheet (where appropriate to the subject)* |
|  | *Approved graphics calculator* |
|  | *Optional: Second calculator – either an approved graphics calculator or a scientific calculator without an SD card slot* |

**Record calculator information here:**

|  |  |
| --- | --- |
| **Graphics calculator** |  |
| 1. Brand
 |  |  |
| Model |  |  |
| 1. Brand
 |  |  |
| Model |  |  |
|  |  |  |

**Student checklist:** (teacher to compile equipment and instructions list)

|  |  |  |
| --- | --- | --- |
| Equipment | Instruction upon task completion | Please indicate that you have completed the task (✓) |
| *Handwritten notes1 side of one A4 sheet* | *Please return with your test*  |  |
| *Approved graphics calculator 1* | *Please indicate calculator used* |  |
| *Optional – second calculator as specified above* | *Please indicate optional calculator used (where appropriate)* |  |
| *Examination formula sheet* |  |  |
| Signature of student |  | Date |  |
| Signature of parent/guardian |  | Date |  |

(Optional)