



Monsignor Doyle Catholic Secondary School Student Request to Achieve Form

Student Section

Student Name: _____ Teacher: _____ Course Code: _____

Assignment Name: _____

Why was the assignment not submitted on time? _____

PART A

Teacher Section

Teacher Action(s)

- Extension granted - new due date assigned
 Alternate evaluation opportunity granted

Student Success contact: _____

Evaluation Agreement

Student will complete:

Outstanding Assignment Alternate Assignment: _____

Revised Due Date: _____ **NOTE: One third of a level late deduction will be applied**

Other special arrangements and/or supporting interventions required (e.g. completed at lunch or after school with teacher supervision, parent contact, Student Success team assistance, etc.)

Teacher Signature: _____ Student Signature: _____

Assignment Completed (Please check when assignment is submitted by revised due date)

PART B

Complete if assignment is not submitted as outlined in PART A, Evaluation Agreement

**** Inform parent of late policy (one third of a level per school day is deducted for late assignment up to the full value of the assignment).**

Parental Contact

Date: _____ Comments: _____

Special arrangements and/or supporting interventions required (e.g. completed at lunch or after school with teacher supervision, additional parent contact, Student Success team assistance, etc.)

Assignment Complete Date Submitted: _____