

Special Consideration is intended for serious illness/injury/condition or extraordinary circumstances that has a **short term** negative impact on student's ability to sit/attend/participate/complete the assessment task/s.
For special consideration on medical grounds to be considered, the university requires information provided by a professional practitioner. This is to determine what action, if any, should be taken if student is eligible for special consideration. A standard medical certificate is insufficient and will **not** be accepted.

Section 1: professional practitioner to complete

Date of consultation:

D	D	/	M	M	/	Y	Y	Y	Y
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I have consulted and examined

student name

☐ I have determined that he/she is suffering from:

OR

e.g. a medical condition (nature of condition not required)

☐ the student reports that he/she is suffering from:

e.g. a medical condition (nature of condition not required)

Impact of the condition on the student's ability to participate/complete/attend assessment task/s:

Impact	From (date)	To (date)
<input type="radio"/> Total incapacitation The impact of the condition is extremely serious in nature and the student is affected to the extent that to sit/complete the assessment/s is not possible (e.g. bedridden, hospitalised or broken dominant hand, psychosis).		
<input type="radio"/> Severe impact on the assessment task The impact of the condition is serious in nature and the student is severely affected. The student cannot sit/complete the assessment/s or the level of performance will be severely affected (e.g. glandular fever or migraine, acute depression).		
<input type="radio"/> Moderate impact on the assessment task The impact of the condition is not severe and the student's ability to sit/complete the assessment/s is moderately affected (e.g. severe anxiety or depression, or a virus which has caused some discomfort but has not had a severe impact on the student's ability to undertake the assessment/s).		
<input type="radio"/> Minor impact on the assessment task The impact of the condition is not serious and has not had a significant impact on the student's ability to sit/complete the assessment/s (e.g. common cold or headache where over-the-counter medication enables the student to undertake the assessment/s without a serious impact).		
<input type="radio"/> No impact on the assessment task The condition does not have an impact on the student's ability to complete the assessment (e.g. normal range of anxiety about sitting an exam or meeting deadlines).		
<input type="radio"/> Unable to assess the impact on the assessment task The impact of the condition is not able to be determined (i.e. the condition cannot be diagnosed; there is no visible/discernible condition).		

The condition is (please tick one):

☐ short term (days/weeks)

☐ temporary (36 months)

☐ ongoing

☐ permanent

Practitioner name:

Practitioner signature:

Address:

Phone number:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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Professional practitioner's stamp

Section 2: student to complete

I hereby authorise the professional practitioner to release the information given on this document and I authorise La Trobe University to seek further information from the originating source.

Student name:

Student signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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