

CHRISTIAN BROTHERS' HIGH SCHOOL LEWISHAM

Assessment Cover Sheet



Student Name: _____

Course: _____ Teacher: _____

Task Name: _____

- I certify that the work in this assessment task is all my own work. Yes No

- If you have been given some assistance to complete this task complete the following:

Person giving assistance _____ Relationship to you _____

Percentage of task that was not your own work _____%

Give details of the section of the task that was not your own work

Student's Signature

KLA Coordinator 's Signature if No ticked

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This section must be retained by the student after it has been signed by the teacher.

Course : _____

Assessment Task Name: _____

Name of student handing in Task: _____

Teacher's Signature

Date