



St Joseph's Catholic College Aberdeen

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ASSESSMENT TASK COVER SHEET

This cover sheet must be attached to all assessment tasks submitted for marking

Name:	PC:
Course Name:	Task Number:
Teacher:	Word Count (if applicable):
Due Date:	Leader Of Learning:

Declaration:

- I declare that this assessment is my own work unless otherwise acknowledged in the document.
- I certify that this assessment has not been submitted previously by another student.
- I certify that I have not given a copy or have shown a copy of this assessment to another student enrolled in this subject.
- I acknowledge that the marker may submit this assessment into a plagiarism checking service.
- I certify that any electronic version of this assessment that I have submitted is identical to this paper version.

Student Signature: _____ **Date:** _____

Assessment Task Feedback (optional)

Feedback for Future Action	
Working Well	
Even Better If	
Teacher Signature:	Date: