

## APPLICATION FOR AARA – ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS

This application is required to request a change to any conditions regarding a piece of assessment

Please refer to Section 6 of the QCE and QCIA policy and procedures handbook 2019 for further information

STUDENT'S FULL NAME			DATE OF BIRTH		House Group			
			/	/				
SUPPORTING DOCUMENTATION.	Please tick below and attach the relevant document when submitting application							
☐ Medical Report	☐ Student s	statement	☐ School statement					
☐ Police report	☐ Official no	otice	☐ Other					
ELIGIBILITY CATEGORY - Please	tick relevant box below							
☐ Physical	☐ Sensory	☐ Soc	ial/Emotional		Cognitive			
Please provide a short description of the student's disability, impairment, medical condition or circumstances for which this application for AARA is based								
Briefly describe what effect (limitations, restrictions and functional impact) the student's disability, impairment, medical condition or circumstances has on access to or participation in assessment								
PARENT/CARER SIGNATURE		STUDENT S	Signature					
PLEASE COMPLETE THE REQUESTED INFORMATION ON THE NEXT PAGE FOR EACH ASSESSMENT TASK THAT IS TO BE CONSIDERED IN THIS APPLICATION. BRIEFLY OUTLINE WHAT ACCESS ARRANGEMENTS OR SPECIFIC ADJUSTMENTS TO								

ASSESSMENT CONDITIONS (EXTENSION ETC.) ARE BEING REQUESTED?

## **AARA** REQUESTED

For each assessment item this application applies to please complete the following:

Subject	Teacher Code	Assessment	Due Date		AARA Request			
Code		Item/Task		(a)	ue date, condition c	hange, support required)		
HOD	CODE:	Is this request	☐ YES	If no, please o	give reason:			
Approval	Date:	supported?	□ №					
Subject	Teacher Code	Assessment	Due Date		AARA	Request		
Code	reactier Code	Item/Task	Due Date	(dı	(due date, condition change, support required)			
HOD	CODE:	Is this request	☐ YES	If no, please	give reason:			
Approval	Date:	supported?						
Subject		Assessment			AARA	Request		
Code	Teacher Code	Item/Task	Due Date	(dı	(due date, condition change, support required)			
	CODE:		☐ YES	If no, please	give reason:			
HOD Approval	Date:	Is this request supported?						
		Assessment						
Subject Code	Teacher Code	Item/Task	Due Date	(dı	AARA Request (due date, condition change, support required)			
	CODE:		П уго	If no, please	nive reason:			
HOD Approval	Date:	Is this request supported?	☐ YES	ii iie, pieuse ș	in no, preuse give reason.			
			□ мо			_		
Subject Code	Teacher Code	Assessment Item/Task	Due Date	(dı		. <b>Request</b> hange, support required)		
	CODE			16				
HOD	CODE:	Is this request	☐ YES	it no, piease g	If no, please give reason:			
Approval	Date:	supported?	□ №					
Subject Code	Teacher Code	Assessment Item/Task	Due Date	, (di	AARA Request (due date, condition change, support required)			
Couc		recin, rusic		(a)	ac date, condition e	mange, support required,		
HOD	CODE:	Is this request	☐ YES	If no, please o	If no, please give reason:			
Approval	Date:	supported?	□ №					
PLEAS	E SUBMIT THIS FORM A	LONG WITH THE	REQUIRED	SUPPORTING I	DOCUMENTS TO	THE YEAR LEVEL DEPUTY		
		Ad	ministrat	ion use only				
Denut Di	- cim al				1 Approved	Date: / /		
Deputy Principal		CODE:			/ NO	Date: / /		
If no, reaso	n for rejecting application	on:						
	Case Manager	r Assianed -	☐ Year [	OP ☐ GO	П нор	Inclusion		
Fo	or units 1 or 2	 			nits 3 and 4			
		Internal Assessment		External Assessment				
Application saved in Portal (units		Application saved in Portal		tal	Application made to QCAA			
3 and 4)  Decision communicated to:		Decision communicated to: Student Parent/Carer, Teachers & HODs		to: Student	Decision communicated to: Student,			
				Parent/Carer, Teachers & HODs				
HODs	Student, Parent/Carer, Teachers & HODs		RoC in OneSchool			RoC in OneSchool		
☐ RoC in	OneSchool							