



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		
<input type="checkbox"/> Medical Report <input type="checkbox"/> Student statement <input type="checkbox"/> School statement <input type="checkbox"/> Police report <input type="checkbox"/> Official notice <input type="checkbox"/> Other		
ELIGIBILITY CATEGORY - Please tick relevant box below		
<input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Social/Emotional <input type="checkbox"/> 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 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 Code	Teacher Code	Assessment Item/Task	Due Date	AARA Request (due date, condition change, support required)
HOD Approval	CODE: Date:	Is this request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please give reason:

Subject Code	Teacher Code	Assessment Item/Task	Due Date	AARA Request (due date, condition change, support required)
HOD Approval	CODE: Date:	Is this request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please give reason:

Subject Code	Teacher Code	Assessment Item/Task	Due Date	AARA Request (due date, condition change, support required)
HOD Approval	CODE: Date:	Is this request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please give reason:

Subject Code	Teacher Code	Assessment Item/Task	Due Date	AARA Request (due date, condition change, support required)
HOD Approval	CODE: Date:	Is this request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please give reason:

Subject Code	Teacher Code	Assessment Item/Task	Due Date	AARA Request (due date, condition change, support required)
HOD Approval	CODE: Date:	Is this request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please give reason:

Subject Code	Teacher Code	Assessment Item/Task	Due Date	AARA Request (due date, condition change, support required)
HOD Approval	CODE: Date:	Is this request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please give reason:

PLEASE SUBMIT THIS FORM ALONG WITH THE REQUIRED SUPPORTING DOCUMENTS TO THE YEAR LEVEL DEPUTY

Administration use only

Deputy Principal	CODE:	Application Approved YES / NO	Date: / /
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If no, reason for rejecting application:

Case Manager Assigned - Year DP GO HOD Inclusion

For units 1 or 2	For units 3 and 4	
	Internal Assessment	External Assessment
<input type="checkbox"/> Application saved in Portal (units 3 and 4) <input type="checkbox"/> Decision communicated to: Student, Parent/Carer, Teachers & HODs <input type="checkbox"/> RoC in OneSchool	Application saved in Portal Decision communicated to: Student Parent/Carer, Teachers & HODs RoC in OneSchool	Application made to QCAA Decision communicated to: Student, Parent/Carer, Teachers & HODs RoC in OneSchool