APPLICATION FOR **AARA** – ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS

This application is required when a request to change 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 statement   ☐ School statement

☐ Police report   ☐ Official notice   ☐ Other

ELIGIBILITY CATEGORY - Please tick relevant box below

☐ Physical   ☐ Sensory   ☐ Social/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 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ 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?	☐ YES ☐ NO	If no, please give reason:		

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

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

Administration use only		
For units 1 or 2	**For units 3 and 4**	
	Internal Assessment	**External Assessment**
☐ Application saved in Portal (units 3 and 4) ☐ Decision communicated to: Student, Parent/Carer, Teachers & HODs ☐ 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