

Application for AARA

Caboilture State High School

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

STUDENTS FULL NAME		ELIGIBILITY CATEGORY	<input type="checkbox"/> PHYSICAL <input type="checkbox"/> SENSORY <input type="checkbox"/> SOCIAL/ EMOTIONAL <input type="checkbox"/> COGNITIVE
DATE OF BIRTH		This application for AARA is due to (tick): <input type="checkbox"/> disability <input type="checkbox"/> impairment <input type="checkbox"/> medical condition <input type="checkbox"/> circumstances	
HOUSE GROUP			
LUI NUMBER			
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.			
Briefly outline what access arrangements or specific adjustments to assessment conditions are being requested?			
SUPPORTING DOCUMENTATION Please tick and attach the relevant document when submitting this 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	This application for AARA is to be applied: Please TICK	<input type="checkbox"/> Short term <input type="checkbox"/> Long term <input type="checkbox"/> Permanent
PARENT SIGNATURE		STUDENT SIGNATURE	
PLEASE SUBMIT THIS FORM ALONG WITH REQUIRED SUPPORTING DOCUMENTS TO THE YEAR LEVEL DEPUTY			
OFFICE USE ONLY (Indicate when complete the following actions prior to filing this application in student file)			
Date received: ___ / ___ / 20___ Application Approved <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, REASON FOR REJECTING APPLICATION:	
YL DP Code: _____ Initials: _____ Date: ___ / ___ / 20___			
For units 1 or 2		For units 3 and 4	
		Internal Assessment	External Assessment
<input type="checkbox"/> Application saved in Portal. <input type="checkbox"/> Decision communicated to: Student Parent/Carer Teachers <input type="checkbox"/> RoC in Oneschool	<input type="checkbox"/> Application saved in Portal <input type="checkbox"/> Decision communicated to: Student Parent/Carer Teachers <input type="checkbox"/> RoC in Oneschool	<input type="checkbox"/> Application made to QCAA <input type="checkbox"/> Decision communicated to: Student Parent/Carer Teachers <input type="checkbox"/> RoC in Oneschool	