

Access Arrangements and Reasonable Adjustments (AARA) Application

This form is to be used when a Year 11 or Year 12 student is requesting modifications to any assessment conditions or adjustments to an assessment task. It may be completed by a student, or by a parent / carer / case manager on the student's behalf. Student and parent / carer approval for the application and consultation is a requirement.

Student name:	Year level:				
Case manager (if applicable):	Date of application://				
AARA Category:	Timeframe of condition:				
□ Cognitive	□ Permanent / chronic				
□ Physical	□ Short-term / temporary				
□ Sensory	□ Intermittent				
☐ Social-emotional					
Diagnosis:					
Supporting documentation (please attach):					
☐ Medical Certificate from a General Practitioner (GP)					
□ QCAA Confidential Medical Report from a General Practitioner (GP)					
☐ QCAA Confidential Medical Report from a specialist practitioner (e.g. psychologist, paediatrician, physiotherapist)					
□ QCAA Confidential Student Statement					
☐ School Statement					
☐ Other:					
Evidence accessible on OneSchool:					
□ Educational Adjustment Plan (EAP)					
□ Evidence of verified disability (current AIMS Statement)					
☐ Evidence of previous adjustments for assessment documented on OneSchool (e.g. NCCD, support provisions)					
□ Other:					
Student signature:					
Authorising parent / carer signature:	Parent / carer name:				

AARA Requested – Tick all that apply and identify which subjects / assessments the AARA is proposed for							
					roval Requiremen	it	
✓	Type of modification/s	Subjects	Assessment Items	Unit 1 and 2 Internal Assessment	Unit 3 and 4 Internal Assessment	External Assessment	
	Extra time ☐ 5 mins per half hour in exams ☐ Other:			Principal- reported	QCAA- approved	QCAA- approved	
	Rest breaks ☐ 5 mins per half hour in exams ☐ Other:			Principal- reported	QCAA- approved	QCAA- approved	
	Alternative format papers, specifically:			Principal- reported	Principal- reported	QCAA- approved	
	Assistance, specifically:			Principal- reported	Principal- reported	QCAA- approved	
	Individual instructions			Principal- reported	Principal- reported	Principal- reported	
	Reader			Principal- reported Principal-	Principal- reported Principal-	QCAA- approved QCAA-	
	Scribe			reported	reported	approved	
	Assistive technology, specifically:			Principal- reported	Principal- reported	QCAA- approved	
	Vision aids, specifically:			Principal- reported	Principal- reported	Principal- reported	
	Computer			Principal- reported	Principal- reported	QCAA- approved	
	Physical equipment, specifically:			Principal- reported	Principal- reported	Principal- reported	
	Physical environment, specifically:			Principal- reported	Principal- reported	Principal- reported	
	Diabetes management			Principal- reported	Principal- reported	Principal- reported	
	Prescription medication			Principal- reported	Principal- reported	Principal- reported	
	Bite-size food			Principal- reported	Principal- reported	Principal- reported	
	Drink			Principal- reported	Principal- reported	Principal- reported	
	Varied seating ☐ Out of alphabetical order ☐ Separate room – individual or small group supervision			Principal- reported	Principal- reported	Principal- reported	
	Variation to venue (off campus)			Principal- reported	Principal- reported	QCAA- approved	

To be o	completed by C	QCAA Principal's D	elegate (De	puty Principa	ıl Senior Se	condary Student Services)	
Sufficient s	upporting docur	mentation received:		☐ Yes	□ !	No	
If no, action	ns required:						
			· · · · · · · · · · · · · · · · · · ·				
Approval p	ocess:						
☐ Applicati	on and supporti	ng documentation a	aligns with Q	CAA guideline	s for princip	al-reported AARA	
		ng documentation v				A-approved AARA. You will be with a decision.	
	ate application	lodged with QCAA:	/	/			
	CAA decision			/			
AARA appr	oved:	□ Yes	☐ Partial a	oproval	□ No		
Comments	·					····	
AARA imple		ı (e.g. arrangements	s for separat	e exam superv	vision) – incl	uding persons responsible for	
					· · · · · · · · · · · · · · · · · · ·		
Deputy Principal signature:							
Copy to:	☐ Student	□ Parent / ca	rer	☐ Case mana	ger	☐ Class teacher	
	□Subject HOI		Admin Offic	er/Student file		☐ Guidance Officer	