



Senior (11/12) AARA Application Form – Short Term

Access Arrangements and Reasonable Adjustments (AARA)

SHORT TERM AARA APPLICATION DETAILS (e.g. Missed Exam/s and/or one-off Extension to Final Due Date)

STUDENT NAME:	YEAR LEVEL:	DATE:
	11 / 12	

Reason for Application (select from the reasons below):

- | | |
|---|--|
| <input type="checkbox"/> Extension of time for assessment instrument/s due to absence
<input type="checkbox"/> Absence from a scheduled exam | <input type="checkbox"/> Access arrangement to make assessment more accessible
<input type="checkbox"/> Reasonable adjustment for student with disabilities |
|---|--|

Eligibility criteria (select from the conditions and categories below):

- | | | | |
|--|---|---|--|
| Timeframe | Category | | |
| <input type="checkbox"/> Temporary (Short Term)
<input type="checkbox"/> Intermittent (Short/Long Term)
<input type="checkbox"/> Permanent (Long Term) | <input type="checkbox"/> Cognitive
<input type="checkbox"/> Physical
<input type="checkbox"/> Representative Sport (early completion) | <input type="checkbox"/> Sensory
<input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Illness/Misadventure (e.g. Bereavement) |

Reason for application: Information regarding how the student’s ability to complete assessment is affected

SUPPORTING EVIDENCE AND DOCUMENTATION: Only applications with third party, supporting evidence will be considered. It is the parents/carers and student’s responsibility to organise the supporting evidence.

- A medical report from a general practitioner, medical specialist or psychologist who is not related to me (a QCAA Medical Report Template is available to download from the school website) **OR**
- A funeral notice or equivalent demonstrating impact on the due dates **OR**
- A third party signed statement (not the student/parent/carer) **OR**
- Current Verified Disability with an endorsed Educational Adjustment Plan (EAP) **OR**
- Other, please specify: _____

Parent / Caregiver Acknowledgement

I support the request for additional support. I acknowledge that this is a request and is subject to approval from the HOD Senior Schooling line with school and Queensland Curriculum and Assessment Authority procedures.

STUDENT SIGNATURE AND DATE	PARENT/CAREGIVER SIGNATURE AND DATE
Date: __/__/__	Date: __/__/__

- | | | |
|---------------------------|---|---|
| STUDENT CHECKLIST: | <input type="checkbox"/> AARA application completed | <input type="checkbox"/> Student signature |
| | <input type="checkbox"/> Medical Report/Relevant documentation attached | <input type="checkbox"/> Parent/Caregiver signature <input type="checkbox"/> Submit completed AARA application and supporting documents to Senior Schooling (SLH) |

AARA request for assessment in the following subjects:

Subject	Assessment Task	Original Due Date	Teacher

OFFICE USE ONLY - AARA OFFICER SIGNATURE

HOD SENIOR SCHOOL SIGNATURE AND DATE RECEIVED	GUIDANCE OFFICER SIGNATURE AND DATE RECEIVED	HOD ILT SIGNATURE AND DATE RECEIVED
Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
AARA Application Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Relevant documentation attached to application <input type="checkbox"/> Separate school statement attached	<input type="checkbox"/> Parent/Carer and Student emailed by the Principal/Principal's Delegate to explain why the AARA application has been deemed ineligible	
This application will impact on assessment held in:		
<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4		
Approval Required By: <input type="checkbox"/> Principal/Principal's Delegate <input type="checkbox"/> QCAA		
PRINCIPAL/PRINCIPAL'S DELEGATE DECISION (IF APPLICABLE):		
NOTE: The Principal/Principal's Delegate is unable to make the final decision when the AARA impacts General Subjects in Units 3 and 4 and requires QCAA Approval		
<input type="checkbox"/> APPROVED <input type="checkbox"/> Parent/Carer, Student, HODs and Teachers notified by the Principal/Principal's Delegate of the approved AARA <input type="checkbox"/> Approved AARA details uploaded to OneSchool <input type="checkbox"/> Application submitted uploaded by AARA Officer to QCAA Portal (Y12 Unit 3 and 4) Review date (where applicable): ___ / ___ / ___	<input type="checkbox"/> NOT APPROVED <input type="checkbox"/> Documented as "Contact" in OneSchool <input type="checkbox"/> Parent/Carer and Student emailed by the Principal/Principal's Delegate to explain why the AARA application was not approved Reason:	
AARA Applies:	From: ___/___/___	To: ___/___/___
Original documentation will be stored by the Principal's Delegate		