



Access Arrangements and Reasonable Adjustments (AARA)

Application Form for Years 10 - 12

CONFIDENTIAL DOCUMENT

This form needs to be completed *after* you have read the Balmoral State High School Assessment Policy

Part A Student Details

| | | | |
|---------------------------|--|--------------------|-------------|
| Student Name: | | Year Level: | LUI: |
| Student Signature: | | Date | |

I am applying for:

| | |
|--|---|
| | <p>< AARA Long Term (for existing, known and chronic conditions). Applications must be submitted at least three (3) days BEFORE assessment due date. COMPLETE PART A, B, C & D (G for school staff only)</p> |
| | <p>< AARA Short Term (for unforeseen circumstances occurring on day of or day before due date, for example illness or misadventure for an unexpected illness or unplanned events). Applications must be submitted within four (4) days from assessment due date. COMPLETE PART A, E & F (G for school staff only)</p> |

Note: Granting of an AARA is at the discretion of the principal, or the principal's delegate and approved only when the student successfully meets eligibility criteria AND the student's circumstance provides a barrier for demonstrating knowledge and skills in assessment.

- Please ensure all relevant sections are completed fully before submission.
- Long Term applications to Guidance Officers or HOD Inclusion. Please make an appointment to discuss.
- Short term applications to Guidance Officers, HOD Senior School

Part B AARA – Long Term

Discuss with the anticipated length of time for which the AARA is required with Guidance Officer or HOD Inclusion

| Category applying for (may be more than one): | | |
|--|--------------------------|--|
| AARA Category | | Documentation / evidence required |
| Cognitive (e.g. Intellectual disability; learning disorder) | <input type="checkbox"/> | Medical report and/or school statement |
| Physical (e.g. Physical injury or disability) | <input type="checkbox"/> | Medical report and/or school statement |
| Sensory (e.g. Autistic Spectrum Disorders) | <input type="checkbox"/> | Medical/verification report and/or school statement |
| <i>Social/Emotional</i> (e.g. Anxiety, depression) | <input type="checkbox"/> | Medical/verification report and/or school statement |
| Other (e.g. Traineeships, extra-curricular commitments) | <input type="checkbox"/> | School Statement from one of these GO/HOD SS/HOD Inclusion |

Provide a brief history of your barrier, disability, impairment and/or medical condition – including symptoms

Comment on how this condition/barrier affects your daily functioning in the classroom and capacity to access/respond to assessment

**What kind of AARA would assist you to be able to complete assessment?
*Please be specific from list below**

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Type of AARA Requested

| | | | |
|--|----------------------------|--------------------------|------------------------------------|
| Extension – must be approved by GO or HOD Inclusion | Scribe | *Computer | *Vision aides |
| Extra time in exam 5 mins per 30 mins | Reader | Diabetes management plan | Exemption |
| Varied seating | Noise cancelling ear loops | Drink other than water | *Physical equipment or environment |
| Assistive technology | Alternate format paper | Individual Instruction | Bite sized food |
| Rest breaks | *Assistance | Medication | Other: <i>please specify</i> |

Part C AARA – Long Term Medical Statement or a current medical report containing all of the following information (Must be completed by Medical Provider)

Date of diagnosis:

Date of occurrence/onset:

Provide a brief history of the student's disability, impairment and/or medical condition, including relevant functional impact/s.

*Is the student currently receiving treatment? Yes /No
Provide details*

Comment on how the disability, impairment and or medical condition is likely to affect this student's daily functioning in the classroom.

Comment on the probable effect of the disability, impairment and/or medical condition on this student's capacity to complete timed assessment (examinations). Include professional recommendations for assessment adjustments.

Name:

Profession:

Place of Work:

Registration number:

Phone:

Specialty/ Qualification (if applicable):

Signature:

Practice Stamp (if applicable):

Date:

Part D Parent/Carer Acknowledgement for Long Term AARA

I give permission for my health professional to provide information concerning this application to the QCAA, if required.

Student signature:

Date:

Parent/Carer Signature:

(if student is under 18)

Date:

Electronic signature: If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*.

The school will submit this completed report as part of an AARA or illness and misadventure application vis the QCAA portal.

When completed, QCAA classification = SENSITIVE (PERSONAL INFORMATION)

Part E AARA – Short Term (Illness & Misadventure)

Date of illness or misadventure: _____ Duration of effect from: _____ to: _____

Student Statement Explaining Reason for AARA
Provide as much detail as possible so the most appropriate AARA can be applied

Supporting Evidence and Documentation
Approval of illness or misadventure requires strong supporting evidence. Medical information provided must be more detailed than a certificate stating that a student has a medical condition and is unfit for duty.

- | | |
|--|---|
| <input type="checkbox"/> Third party signed statement (not from Student, Parent or Carer) | <input type="checkbox"/> Deterioration in Condition |
| <input type="checkbox"/> Funeral notice or equivalent demonstrating impact on the due date | <input type="checkbox"/> Other (please specify) Guidance Officer is aware. |
| <input type="checkbox"/> Medical statement/certificate from medical professional with duration | <input type="checkbox"/> |

AARA Request for Assessment in the Following Subjects:

| Subject | Assessment Task | Original Due Date | Type of AARA Requested | Teacher/HOD | No. of lessons missed in assessment period |
|---------|-----------------|-------------------|------------------------|-------------|--|
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Part F Parent/Carer Acknowledgement for Short Term AARA

I give permission for my health professional to provide information concerning this application to the QCAA, if required.

Student signature: _____ **Date:** _____

Parent/Carer Signature: _____ **Date:** _____
 (if student is under 18)

Electronic signature: If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*. The school will submit this completed report as part of an AARA or illness and misadventure application vis the QCAA portal.
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Part G School Statement

To completed by Guidance Officer or HOD Inclusion or delegate

Identify the disability, impairment, medical condition or circumstance affecting the student.

Detail how the student's disability, impairment, medical condition or circumstance affects their daily functioning in the classroom

Describe the persistent Functional Impact/s of the condition or circumstance in timed assessment AND provide relevant details of arrangements/adjustments the student has used previously to address those impact/s (and enable participation on the same basis as other students)

Staff member details

| | |
|------------|------------------------------------|
| Name: | Role: |
| Phone: | School: Balmoral State High School |
| Signature: | Date: |

When completed, QCAA classification = SENSITIVE (PERSONAL INFORMATION)

The information you provide on this form is being collected and used in relation to the functions and powers prescribed under part 2 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014*. The information will be accessed by QCAA staff and handled in accordance with the *Information Privacy Act 2009*. Information held by the QCAA is subject to the *Right to Information Act 2009*.