

Part B – Illness and Misadventure

Subject/s:

Original Due Date/s:

Date able to submit/sit assessment:

Student statement explaining reason for application:

Supporting evidence:

medical documentation

evidence of verified disability

legal documentation

Guidance Officer/school aware

Notes:

Part C - Parent / Care Giver Acknowledgement:

I have discussed the grounds for this application with my child and I support the request for additional support for my student. I acknowledge that this is merely a request only and is subject to approval from the Deputy Principal in line with College and Queensland Curriculum and Assessment Authority procedures.

Name:

Date:

Signature:

Comment:

Part D – Medical Report AARA (this section is ONLY to be completed by the health professional)

Diagnosis

Date of Diagnosis

Date of occurrence/onset

Provide a brief history of the student's disability, impairment and/or medical condition, including symptoms

Is the student currently receiving treatment? Please indicate

Comment on the probable effect this disability, impairment and/or medical condition on the student's capacity to complete assessment/function in classroom

Professional recommendations for assessment adjustments

Health professional details

Name:	Profession:
Phone:	Place of Work:
Registration number:	Practice stamp (if applicable)
Signature or email:	Date:

Part E – School Statement

Comment on the probable effect this disability, impairment and/or medical condition on the student's capacity to complete assessment/function in classroom

What kind of arrangements has the student used previously at school that help them to be able to complete assessment?

Staff member details

Name:	Role:
Phone:	School:
Signature:	Date:

Appendix 1 – adjustment options

Alternative/comparable task Assistance Assistive technology Extra time Varied seating/venue	Rest breaks Scribe Reader Extension	Physical equipment/environment Reader Vision aids Food or drink
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