

AARA APPLICATION

Year 10 to 12

This form is to be used when a student is requesting a change to any conditions regarding a piece of assessment including:

- Extension to due date (Illness and Misadventure) – Part A
- Reasonable adjustment to assessment – Part B

PART A: Illness and Misadventure

Student Details			
Student		Year	Date of Application
AARA Application type	PART A: Illness and Misadventure		

Students whose ability to attend or participate in an assessment is adversely affected by illness or an unexpected event may be eligible if:

- the event is unforeseen and beyond the student's control (e.g. death of a family member)
- it is not of the student's own choosing or that of their parents/carers (e.g. not a family holiday)
- it has an adverse effect on the student's ability to attend or participate in assessment (e.g. illness).

Reason for extension request			
Documentation Provided	<input type="checkbox"/> Medical Certificate	Start Date:	<input type="checkbox"/> Other:
		End Date:	

Assessment Details						Office use only	
Subject	Item Name	Teacher	Assessment	Due Date	Requested Date	Approved date	HOD Initial
			<input type="checkbox"/> Draft				
			<input type="checkbox"/> Final				
			<input type="checkbox"/> Draft				
			<input type="checkbox"/> Final				
			<input type="checkbox"/> Draft				
			<input type="checkbox"/> Final				
			<input type="checkbox"/> Draft				
			<input type="checkbox"/> Final				

Signatures			
I acknowledge that the QCAA: Illness and Misadventure AARA information sheet has been read and that a request for an adjustment to a due date is at the discretion of the School and QCAA after review of supporting documentation and available evidence.			
Student Signature		Date	
Parent Signature		Date	

Email this form to AARA@thegapshs.eq.edu.au for approval on or before the due date.

Signatures			
Deputy Principal		Date	

Office Use Only			
<input type="checkbox"/>	Decision communicated with all parties	<input type="checkbox"/>	AARA spreadsheet updated
<input type="checkbox"/>	Entered on OneSchool / QCAA (Year 12 only)	<input type="checkbox"/>	DayMap updated



Queensland
Government

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Disclaimer: The information in this correspondence is intended for the addressee only and should be treated as confidential.

Learners who flourish



AARA APPLICATION

Year 10 to 12

PART B: Access Arrangement or Reasonable Adjustment

To be completed in consultation with case manager (e.g. Guidance Officer and Student Support Services)

Student Details			
Student		Year	Date of Application
AARA Application type	PART B: Access Arrangement or Reasonable Adjustment		

Condition Length	Supporting Evidence
<input type="checkbox"/> Long-term <input type="checkbox"/> Short-term	<input type="checkbox"/> Medical documentation <input type="checkbox"/> Other supporting documentation

Category of Application				
	Cognitive	Physical	Sensory	Social/Emotional*
1	-	-	-	-
2	-	-	-	-
3	-	-	-	-

*For Year 11 and 12 students in this S/E category, medical certificates need to be renewed every 6 months

Requested arrangements		
<input type="checkbox"/>	Alternative format	Specify format requirements:
<input type="checkbox"/>	Assistive technology	Specify technology requirements:
<input type="checkbox"/>	Assistance	<input type="checkbox"/> Bite-sized food <input type="checkbox"/> Computer
<input type="checkbox"/>	Diabetes management	<input type="checkbox"/> Drink (other than water) <input type="checkbox"/> Extra time
<input type="checkbox"/>	Individual instructions	<input type="checkbox"/> Medication (prescription only) <input type="checkbox"/> Physical equipment (Specify in notes)
<input type="checkbox"/>	Reader	<input type="checkbox"/> Rest breaks <input type="checkbox"/> Scribe
<input type="checkbox"/>	Varied Seating	Specify seating requirements:
<input type="checkbox"/>	Vision Aids	Specify vision aid requirements:
Notes:		

Signatures			
Student Signature		Date	
Parent Signature*		Date	
Case Manager Signature		Date	
Principal Delegate's signature		Date	

*I have discussed the grounds for this application with my student and I support the request for additional support. I acknowledge that this is merely a request and is subject to approval in line with school and Queensland Curriculum and Assessment Authority procedures. I understand that AARAs are reviewed annually for students with disability and every 6 months for social/emotional needs.

Office Use Only			
<input type="checkbox"/>	Documentation provided	<input type="checkbox"/>	AARA spreadsheet updated
<input type="checkbox"/>	Entered on OneSchool	<input type="checkbox"/>	DayMap updated
<input type="checkbox"/>	Entered on QCAA (Year 12 only)	<input type="checkbox"/>	All parties notified of outcome