

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 App	lication						
AARA Applicatio	n type	PART A	T A: Illness and Misadventure									
• it is not	nt is unforesee of the student	n and beyond the 's own choosing o	n assessment is ad e student's control or that of their pare s ability to attend o	(e.g. death c ents/carers (of a family men e.g. not a fami	nber) ly holiday)		may be eligible	if:			
Reason for exter	nsion reques	t										
Documentation Provided		l Certificate	Start Date: End Date:			□ Oth	ner:					
Assessment Det	ails							Office use o	only			
Subject	Item Name	Teacher	Assessment	Due Date	e Re	quested Da	ate	Approved date	HOD Initial			
			□Draft									
			□Final									
			□Draft									
			□Final									
			□Draft									
			□Final									
			□Draft									
			□Final									
Signatures												
			venture AARA infor						t to a			
	_	ne School and QC	AA after review of	supporting t			bie eviaence	2.				
Student Signatur					Dat							
Parent Signature					Dat	_						
mail this for	m to AAI	RA@thega	oshs.eq.edu	<u>.au</u> for a	approval	on or b	efore th	ne due dat	e.			
Signatures												
Deputy Principal					Dat	e	-//					
Office Use Only												
Decision	n communica	ated with all par	ties		AARA sprea	dsheet up	dated					
Entered	Entered on OneSchool / QCAA (Year 12 only) DayMap updated											
			O Box 1 The Gap		Lea	rner	es wh	ho flou	ıris			



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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)

Stu	den	t Details														
Student Year Date of Application																
AARA Application type PART B: Access Arrangement or Reasonable Adjustment																
Condition Length Supporting Evidence																
Long-term Short-term			m	n Medical documentation							Other su	pporting documentation				
C-4																
Cat		ry of Application		Dhysi	e a l			Τ,	Conce			_		Social/Emotional*		
1	Cognitive				Physical				Sensory					Social/Emotional*		
2	-								- -					_		
3				_				-	_					_		
	r Ye	ar 11 and 12 student	ts in this S/I	F catea	gory, medical certificates need to be renewe					renewed	l every i	6 n	onths			
	, , с	ar 11 and 12 stadent	.5 111 (1115 6) 1	_ careg	01,7,1	iiicui	ear eer tij leates ri	recu	10 50	remetrea	cre.y .	<i>-</i>	10111113			
Rec	que	sted arrangements	5													
		Alternative form	at	Specij	fy fo	rma	t requirements	:								
		Assistive technol	Assistive technology Specify technology requirements:													
		Assistance	Bite-sized food								Co	mputer				
		Diabetes manag		Drink (other than water)					ter)		Ĺ	Ex	tra time			
<u> </u>	Individual instructions				Medication (prescription only					tion onl	y)	Ĺ	Ph	ysical equipment (Specify in notes)		
<u> </u>	<u>_</u>	Reader				Rest breaks							Scribe			
<u> </u>	Varied Seating Specify seating requirements:															
		Vision Aids		Specij	fy vis	sion	aid requiremer	nts:								
Vote	es:															
Sign	natu	ıres														
Student Signature											Date					
Parent Signature*									Date							
Case Manager Signature									Date							
Principal Delegate's signature									Date							
mer	ely		ect to appi	roval in	line	with	school and Que	ensl	and C	urriculum	and A	sse	ssment.	upport. I acknowledge that this is Authority procedures. I tional needs.		
Off	ice	Use Only														
	Documentation provided AAF							AARA s	ARA spreadsheet updated							
	Entered on OneSchool								DayMap updated							
Entered on QCAA (Year 12 only)						Ī		All parties notified of outcome								
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