

# AARA APPLICATION

## Year 7 to 9

### PART A: Illness and Misadventure

This form is to be used when a student is requesting an Extension to due date for Assessment (Illness and Misadventure)

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

Reason for extension request

Documentation Provided	
<input type="checkbox"/> Medical Certificate (attached) Start date End date	or <input type="checkbox"/> Parent / Guardian statement

Assessment Details				
Subject	Teacher	Assessment	Due Date	Requested Date
1		<input type="checkbox"/> Draft		
		<input type="checkbox"/> Final		
2		<input type="checkbox"/> Draft		
		<input type="checkbox"/> Final		
3		<input type="checkbox"/> Draft		
		<input type="checkbox"/> Final		
4		<input type="checkbox"/> Draft		
		<input type="checkbox"/> Final		

Office use only	
Approved date	HOD Initial

Signatures			
Student Signature		Date	
Parent Signature		Date	

Email this form to [AARA@thegapshs.eq.edu.au](mailto:AARA@thegapshs.eq.edu.au) for approval on or before the due date.

Office Use Only			
<input type="checkbox"/>	Decision communicated with student / teacher / HOD	<input type="checkbox"/>	AARA spreadsheet updated
<input type="checkbox"/>	Entered on OneSchool	<input type="checkbox"/>	DayMap updated

Adjusted Conditions



Queensland Government

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 Tel: (07) 3511 3888 Fax: (07) 3511 3800 CRICOS 00608A  
[admin@thegapshs.eq.edu.au](mailto:admin@thegapshs.eq.edu.au)  
[www.thegapshs.eq.edu.au](http://www.thegapshs.eq.edu.au)

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

*Learners who flourish*



# AARA APPLICATION

## Year 7 to 9

### PART B: AARA for New Diagnoses

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

Student Details			
Name		Year	
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	-	-	-	-

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>*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.</i>			

Office Use Only			
<input type="checkbox"/>	Documentation provided	<input type="checkbox"/>	AARA spreadsheet updated
<input type="checkbox"/>	Entered on OneSchool	<input type="checkbox"/>	All parties notified of outcome



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