

# 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

Student Details			
Student		Yr Level	Date of Application
AARA Application type			

### PART A: Illness and Misadventure *(Submit to relevant Deputy Principal)*

For full details and QCAA requirements, please click the adjacent button.

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	Medical Certificate	Other:

Assessment Details						
Subject	Item # / Name	Item Type	Teacher	Current Due Date	Requested Due Date	Revised Due Date <i>(HOD to complete)</i>
1						
2						
3						
4						

Signatures			
Student Signature		Date	
Parent Signature		Date	
HOD Signature (1)		Date	
HOD Signature (2)		Date	
HOD Signature (3)		Date	
HOD Signature (4)		Date	
Deputy Principal Signature		Date	

Office Use Only			
	Documentation provided		AARA spreadsheet updated
	Entered on OneSchool		ID Attend updated
	Entered on QCAA (Year 12 only)		All parties notified of outcome



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### PART B: Access Arrangement or Reasonable Adjustment

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

Use the below buttons for further information:

Short-term conditions

Examples of reasonable adjustments

Long-term conditions

Other AARA resources and fact sheets

Condition Length		Supporting Evidence	
Long-term	Short-term	Medical documentation	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		
Alternative format	Specify format requirements:	
Assistive technology	Specify technology requirements:	
Assistance	Bite-sized food	Computer
Diabetes management	Drink (other than water)	Extra time
Individual instructions	Medication (prescription only)	Physical equipment (Specify in notes)
Reader	Rest breaks	Scribe
Varied Seating	Specify seating requirements:	
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 child 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.

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