



# AARA Application 2021

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

- Due date extension
- Amended assessment task, or modifying the conditions of the assessment task
- If circumstances foreseen, this form must be completed a minimum of 3 days prior to due date

**Please note that you may still receive a non-submit notification if this form is submitted close to the due date**

Please refer to the QCAA Handbook / Senior School Assessment Policy on Illness and Misadventure for Senior Students

STUDENT	
Name:	Roll Class:
Student email:	Parent email:
MANAGER ( <i>DP/Guidance Officer/Senior School Inclusion Coordinator</i> )	
Name:	Date of Application:
TYPE OF AARA REQUESTED (tick one)	
Extension <input type="checkbox"/>	Complete Form A
Exam Adjustment <input type="checkbox"/>	Complete Form B

REASON FOR REQUEST (to be elaborated on in other documentation – tick major category)				
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Physical	<input type="checkbox"/> Sensory	<input type="checkbox"/> Socio-Emotional	<input type="checkbox"/> Illness/Misadventure
*Timeframe: Short term / Ongoing / Permanent				
Optional comment: _____ _____ _____				
DOCUMENTATION SUPPLIED:				
QCAA Medical Report (Year 11/12 only)				
QCAA School Statement (Year 11/12 only)				
QCAA Student Statement (Year 11/12 only)				
Medical Certificate				
Other Practitioner Letter				

\*how long the adjustment is required for (examples: 1 week for a viral infection, indefinitely for a permanent disability)

To be completed by Deputy Principal	
Request granted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment: _____ _____	
Signature: _____	Date: _____

## FORM A – REQUEST FOR EXTENSION

To be completed by student/case manager			
SUBJECT & ASSESSMENT*	TEACHER	DUE DATE	REQUESTED DUE DATE
<small>*e.g. English / Written assignment / IA2</small>			

To be completed by Head of Department (HOD)			
SUBJECT & ASSESSMENT*	REVISED DUE DATE/S	HOD NAME	HOD SIGNATURE

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit your completed form and supporting documentation to the office. You will be advised of the outcome via email. If you have questions about the process or the outcome, please see your Manager.

### OFFICE USE ONLY

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> All relevant sections completed/signed</li> <li><input type="checkbox"/> Supporting documentation received</li> <li><input type="checkbox"/> Student / HOD / Teacher / Parents / Case Manager / Senior Schooling advised of outcome of AARA application</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> OneSchool record entered / updated</li> <li><input type="checkbox"/> AARA spreadsheet updated</li> <li><input type="checkbox"/> ID Attend updated</li> <li><input type="checkbox"/> Application filed in student file in Admin</li> <li><input type="checkbox"/> Email sent</li> </ul> |
|--|--|

## FORM B – REQUEST FOR EXAM ADJUSTMENT

To be completed by student/case manager			
TYPE OF ADJUSTMENT REQUESTED	RELEVANT SUBJECT/S & ITEMS		TIMEFRAME*
	SUBJECT	ITEM	

To be completed by DEPUTY PRINCIPAL/ SENIOR INCLUSION COORDINATOR/ GO		
SUBJECT/S	DP/SICo/GO NAME	SIGNATURE
What adjustment/s have you approved? <hr/> <hr/>		
SUBJECT/S	DP/SICo/GO NAME	SIGNATURE
What adjustment/s have you approved? <hr/> <hr/>		

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit your completed form and supporting documentation to the office. You will be advised of the outcome via email. If you have questions about the process or the outcome, please see your Case Manager.

OFFICE USE ONLY	
<input type="checkbox"/> All relevant sections completed/signed <input type="checkbox"/> Supporting documentation received <input type="checkbox"/> Change to conditions align with QCAA requirements <input type="checkbox"/> Student / HOD / Teacher / Parents / Case Manager / Senior Schooling advised of outcome of AARA application	<input type="checkbox"/> OneSchool record entered / updated <input type="checkbox"/> AARA spreadsheet updated <input type="checkbox"/> ID Attend updated <input type="checkbox"/> Application filed in student file in Admin <input type="checkbox"/> Modifications arranged/finalised <input type="checkbox"/> Email sent