



REQUEST FOR AN AARA
 (Access Arrangements and Reasonable Adjustments)
 Year 11 and 12 students only

THE REQUEST IS NOT GRANTED UNTIL APPROVED BY THE HOD/PRINCIPAL'S DELEGATE VIA EMAIL.

SECTION 1 - To be completed by the student and given, in hard copy or email, to the class teacher.

STUDENT NAME		YEAR		FORM	
STUDENT SCHOOL EMAIL ADDRESS					

SUBJECT		TEACHER	
ASSESSMENT NAME		ASSESSMENT NUMBER	
ASSESSMENT TYPE	(circle one) EXAM ASSIGNMENT/PRESENTATION		
DUE DATE		DATE AARA REQUESTED UNTIL	
DATE OF APPLICATION FOR AARA			

AARA ELIGIBILITY CRITERIA (Select from the conditions and categories below. Tick all that apply.)	
Time-frame of condition	Category
<input type="checkbox"/> Temporary (near assessment time) <input type="checkbox"/> Intermittent (impacts for 3 weeks or longer) <input type="checkbox"/> Permanent (verified/diagnosed/imputed)	<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Social/emotional/mental health <input type="checkbox"/> Illness <input type="checkbox"/> Bereavement <input type="checkbox"/> Misadventure <input type="checkbox"/> Approved representative activity (QCAA Deputy)
SUPPORTING DOCUMENTATION ATTACHED	<i>(tick all that apply and attach documentation)</i> <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Written notification e.g. bereavement, details of approved representative activity

PARENT ACKNOWLEDGEMENT	
I have discussed this application with my child and I support the request for an AARA. I acknowledge that this application is subject to approval from the Principal (or delegate) in line with school and QCAA policies.	
PARENT/CARER NAME	
MOBILE NUMBER	EMAIL ADDRESS

SECTION 2 - To be completed by the student's teacher and forwarded to the HOD.

AARA RECOMMENDED (circle one)	YES	NO	
DRAFT COMPLETED (circle one)	YES	NO	N/A
COMMENTS			
TEACHER'S SIGNATURE		DATE	

SECTION 3 - To be completed by HOD and forwarded to QCAA Principal's Delegate.

AARA GRANTED? (circle one)	YES	NO	REFER TO PRINICIPAL'S DELEGATE
RESOLUTION (tick and complete all that apply)	<input type="checkbox"/> Complete comparable task – due on _____ <input type="checkbox"/> Hand in assignment/presentation – due on _____ <input type="checkbox"/> Complete exam – due on _____ <input type="checkbox"/> Adjustment required <input type="checkbox"/> Supplementary/Differentiated(broad based support - criteria integrity maintained) (detail) _____ <input type="checkbox"/> Substantial (specific to the individual student - criteria integrity maintained) (detail) _____ <input type="checkbox"/> Other (detail) _____		

SUPPORTING DOCUMENTATION COMPLETED & RECEIVED	<i>(tick all that apply and attach documentation)</i> <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Written Notification e.g. bereavement, details of approved representative activity <input type="checkbox"/> Confidential Medical Report (if required)
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EMAIL SENT TO STUDENT, PARENT/S AND TEACHER/S ON	
COMMENTS	
HEAD OF DEPARTMENT NAME	
HOD'S SIGNATURE	DATE

HOD - Original paperwork must be given to QCAA Deputy for filing.