

Access Arrangements and Reasonable Adjustments (AARA) Application Form 2025 v2



PROSERPINE
STATE HIGH SCHOOL

Instructions for AARA applications:

- Refer to Proserpine State High School's Assessment Policy and AARA Policy prior to submission of the application.
- To be considered this application must be submitted as soon as practical to meet school and QCAA timelines. For extensions, application must be submitted at a **minimum of five (5) school days before the due date** unless student has been adversely affected by an unexpected emergent event.
- Granting of AARA is at the discretion of the principal or principal's delegate and approved only when:
 - the student successfully meets eligibility criteria;
 - the student's circumstance provides a barrier to demonstrate their learning, knowledge and skill in the assessment instrument; **and**
 - evidence exists to justify an AARA application.

STEP 1: This section to be completed by the student requesting AARA.

Date of application: _____ Assessment due date: _____

Student's name: _____ Year: _____ Care group: _____

Subject: _____ Teacher: _____

Assessment instrument: _____

Reason for application:

- | | |
|--|---|
| <input type="checkbox"/> Disability / impairment | <input type="checkbox"/> Extension on a piece of assessment |
| <input type="checkbox"/> Medical condition | <input type="checkbox"/> Absence from a scheduled examination |
| <input type="checkbox"/> Other: _____ | |

Application categories:

- | | |
|---|---|
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Illness and misadventure |
| <input type="checkbox"/> Physical | <input type="checkbox"/> New subject enrolment |
| <input type="checkbox"/> Sensory | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social / emotional | _____ |

Statement explaining reason for application: _____

If extension, requested new due date: ____ / ____ / ____ If comparable exam, requested new date: ____ / ____ / ____

I have been absent for: ____ number of school days and have missed ____ number of lessons.

Supporting evidence (Note: for Year 11 & 12 must attach to application):

- | | |
|--|--|
| <input type="checkbox"/> Medical documentation (e.g. certificate / report) | <input type="checkbox"/> Official notices (e.g. bereavement documentation) |
| <input type="checkbox"/> Evidence of verified disability / impairment | <input type="checkbox"/> Written evidence (e.g. police report) |
| <input type="checkbox"/> Statutory declaration | <input type="checkbox"/> Other: _____ |

Student and Parent/Carer Acknowledgement:

We have discussed the grounds for this application and we request additional support to minimise barriers to demonstrate learning, knowledge and skill in the assessment/s stipulated above. We acknowledge that this is a request only and is subject to approval from the Principal or Principal's Delegate in line with Proserpine State High School's Assessment Policy and AARA Policy, and where applicable, the Queensland Curriculum and Assessment Authority (QCAA) policy and procedures.

Student signature: _____ Date: _____

Parent/Carer signature: _____ Date: _____

Application submission:

- Applications can be submitted in person or via email to the relevant Curriculum Head of Department (HOD). Applications submitted in person to the Administration Office will be given directly to the relevant Curriculum HOD.
- Applications can be submitted electronically to principal@proserpineshs.eq.edu.au using subject line *[Student Name] [Year Level] - AARA Application Form* and will directed to the relevant Curriculum HOD with the Senior Schooling Deputy Principal cc'd into the email.

**PROSERPINE**
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I have checked classroom progress and the notes and/or draft completed by the student.

Yes ☐ No ☐ N/A ☐Supporting evidence available: Yes ☐ No ☐ N/A ☐

I am satisfied that this application meets the requirements as stipulated in Proserpine State High School's Assessment Policy and AARA Policy.

Approved: Yes ☐ No ☐

If extension, agreed new due date: ____ / ____ / ____ If comparable exam required, new date: ____ / ____ / ____

Comments (if applicable): _____

_____**HOD signature:** _____ **Date:** _____**STEP 3: This section to be completed by the Principal's Delegate.**Supporting evidence available: Yes ☐ No ☐ N/A ☐

I am satisfied that this application meets the requirements as stipulated in Proserpine State High School's Assessment Policy and AARA Policy.

Approved: Yes ☐ No ☐**Comments (if applicable):** _____

_____**Signature:** _____ **Date:** _____**STEP 4: This application form is to be return to the Administration Office as soon as possible.****Administration Use Only:**

Date entered on OneSchool: _____ Entered by: _____

- ☐ Copy given to student ☐ Copy given to subject teacher/s & HOD (via OneSchool)
- ☐ Original copy (and supporting documentation) placed on student file