

Access Arrangements and Reasonable Adjustments (AARA) Application Form v8



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:
 1. *the student successfully meets eligibility criteria;*
 2. *the student's circumstance provides a barrier to demonstrate their learning, knowledge and skill in the assessment instrument; **and***
 3. *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"/> eligible 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 circumstance _____ | |

Eligibility criteria (select from the conditions and categories below):

Time-frame of condition	Category	
<input type="checkbox"/> Long-term or chronic condition	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Illness
<input type="checkbox"/> Short-term condition or temporary injury (e.g. broken limb)	<input type="checkbox"/> Physical	<input type="checkbox"/> Misadventure (including injury)
<input type="checkbox"/> Illness or misadventure	<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 | <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:** _____



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Application submission:

- Applications can be submitted in person and delivered to the Administration Office at Proserpine State High School.
- Applications can be submitted electronically principal@proserpineshs.eq.edu.au using subject line *[Student Name] [Year Level] - AARA Application Form* and will be directed to the relevant curriculum HOD with the Senior Schooling Deputy Principal cc'd into the email.

STEP 2: This section to be completed by the curriculum HOD in consultation with subject teacher.

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