



# Application for Access Arrangements and Reasonable Adjustments (AARA) – Extension

The AARA is decided on by the Principal and reported to QCAA. Timely submission of this form and the accompanying medical report is very important. Please complete both pages of this form and submit it to the relevant Head of Department. Please note: The adjustments requested must align with the recommendations of your medical practitioner. Applicant will be advised of the outcome of this application as soon as possible.

Student to complete this

PERSONAL DETAILS (LEGAL NAME ONLY)				
Family name	Given name/s	Date of birth	Year level	
			<b>11</b>	
APPLICATION CATEGORY AND CONDITIONS - Please state: Disability, Medical condition				
Category (tick box)	Condition/Reason (explain)			
<input type="radio"/> Cognitive <input type="radio"/> Physical (including Illness and misadventure) <input type="radio"/> Sensory <input type="radio"/> Social/Emotional				
<b>AARAs will not be approved for family holidays, sporting events, timetable clashes, teacher absence or teacher-related difficulties, misreading an exam timetable, misreading instructions in exams, traineeships and external courses, etc.</b>				
DECLARATION				
This form, along with the relevant documentation, should be returned to Mr McPherson or Ms Neumann for final approval and processing				
SIGNATURES:				
Student's Name:		Parent/Carer's name:		
Signature:		Signature:		
Date:		Date:		
List the assessment you would like an AARA to be applied to and <u>negotiate with CHOD</u> (a separate form for each subject) with your medical certificate/supporting evidence				
	DETAILS	ASSESSMENT TASK		DATES
GENERAL	<b>Subject Code:</b> <input type="checkbox"/> Examination  <b>Teacher:</b> <input type="checkbox"/> Non-examination	<input type="checkbox"/> FA1 <input type="checkbox"/> FA2 <input type="checkbox"/> FA3 <input type="checkbox"/> FA4	<u>Original Date:</u>  <u>Negotiated date:</u> <input type="checkbox"/> Extension Agreed date:	
	<b>Subject Code:</b> <input type="checkbox"/> Examination  <b>Teacher:</b> <input type="checkbox"/> Non-examination	<input type="checkbox"/> FA1 <input type="checkbox"/> FA2 <input type="checkbox"/> FA3 <input type="checkbox"/> FA4	<input type="checkbox"/> Comparable assessment Agreed date:	
Curriculum HOD acknowledgement				
Signature:		Name:	Date:	

Step 1  
CHOD

AARA Application Form 2022: Extension to the due date

Evidence required and Final approval (HOS/YDP for units 3 & 4, and YDP/YHOD for unit 1 & 2)	
Medical report (Registered GP, specialist or psychologist is to complete medical report. The practitioner must not be related to student)	
<b>Students with disability</b> – EAP verification (Verified students – School will apply on behalf of the students)	For <b>disability, impairment and/ or medical condition</b> -EAP report can be available from special education unit. -If verification has expired an updated medical report is required
<b>Evidence</b> (Unverified students – Parents/carers/ students will apply to the Life coach)  <input type="checkbox"/> Medical certificate <input type="checkbox"/> Other <ul style="list-style-type: none"> <li>- Teacher observations</li> <li>- Standardised test results</li> <li>- Other ( please specify)</li> </ul>	For <b>students not verified under AIMS</b> medical report form must outline: -diagnosis of disability and/or medical condition <ul style="list-style-type: none"> <li>- date of diagnosis</li> <li>- date of occurrence or onset of the disability and/or medical condition</li> <li>- symptoms, treatment or course of action related to the disability and/or medical condition</li> <li>- information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment - Professional recommendations regarding AARA.</li> </ul>
<b>External exams</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical report</li> <li><input type="checkbox"/> School statement</li> <li><input type="checkbox"/> Student statement (optional)</li> </ul> <b>Important – Medical report must be QCAA format only</b>	For <b>illness or misadventure</b> , please provide a report from an independent health professional that includes the following details : <ul style="list-style-type: none"> <li>-the illness, condition or event ( including details of a diagnosis, where applicable)</li> <li>-date of diagnosis, onset or occurrence</li> <li>- symptoms, treatment or course of action related to the condition or event</li> <li>-explanation of the probable effect of the illness, condition or event on the student’s participation in the assessment</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Police report</li> <li><input type="checkbox"/> Death notice</li> <li><input type="checkbox"/> School statement</li> <li><input type="checkbox"/> Student statement (optional)</li> </ul>	For <b>non-medical claims</b> , written evidence from a relevant independent professional or other independent third party, such as a social worker, member of the clergy, policy officer, solicitor or funeral director.
Approval	
Head of School/YDP/ YHOD	Senior School Administration
Signature:	Signature:
Date:	Date:
<b>AARA approved:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes Details _____</li> <li><input type="checkbox"/> No, does not meet eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Supporting evidence included</li> <li><input type="checkbox"/> Parent, student, teacher and HOD emailed decision</li> <li><input type="checkbox"/> Documents uploaded to One school</li> <li><input type="checkbox"/> QCAA portal application submitted <i>(not required unit 1 &amp; 2)</i></li> </ul>

