

# 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.

PERSONAL DETAILS (Legal Name Only)								
Family Name		Given Name/s			Year Level			
APPLICATION CATEGORY AND CONDITIONS - Please state: Disability, Medical Condition								
Reason (Must meet Eligibility):								
Dates Affected:								
Evidence Provided (Please tick)								
Medical Certificate		Guidance Officer Approval OneSchool Ennrolment						
Student Statement		Representative Sport Letter Other:						
SIGNATURES:								
Student's Name:			Parent/Carer's Name:					
Signature:			Signature:					
Date:		Date:						
Subject Code	Teacher	Examination/ Non Examination	IA#	Origir	nal Date	Revised Date		
If Applied:		Collection of work	Invest	igation	Practical	Project		

Extended Response

Performance

Product

## Marsden State High School: AARA Process

If you are concerned about not completing an assessment on time or if you know you will or have missed an exam AND have a valid reason, then please follow the below process:

\* Family holidays, work and school sporting commitments do not meet the eligibility requirements for an AARA

#### Submit assessment

For assignments submit what you have completed by the due date and continue working on your assignment while you go through this process

## Assess eligibility\*

Illness/mental health representative sport (state or national) significant family event e.g. funeral other - see SS HOD

## Notify School

(Teacher, CHOD, SSHOD)

## Collect evidence

medical certificate guidance officer approval student statement form other - see SSHOD

## Complete form

Requires student signature, parent signature and evidence

### Submit application

Before due date where possible

AARAs will not be approved for family holidays, school sporting events, teacher absence or teacher-related difficulties, misreading an exam timetable, misreading instructions in exams etc. In cases of a school approved absence, students must submit the assignment on the due date and sit a comparable exam before the due date.

ADMINISTRATION TO COMPLETE:						
Medical Report (Registered GP, Specialist or Psychologist is to complete medical report. The practioner must not be related to the student).						
Students with disability - EAP verification (Verified stuents - School will apply on behalf of the students)	For <u>disability, impairment and/or medical condition</u> -EAP report can be available from special education unitIf verification has expired an updated medical report is required					
Evidence (Unverified students - Parents/carers/studen ts will apply to the Life Coach  • Medical certificate  • Other  » Teacher observations  » Standardised test results  » Other (Please specify)	For students not verified under AIMS medical report form must outline: -diagnosis of diability and/or medical condition  • date of diagnosis  • date of occurrence or onset of the disability and/or medical condition  • symptoms, treatment or course of action related to the disability and/or medical condition  • Information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particulary timed assessment when considering external assessment  Professional recommendationms regarding AARA					
<ul> <li>External exams</li> <li>Medical report</li> <li>School statement</li> <li>Student statement (optional)</li> <li>IMPORTANT - Medical report must be QCAA format only</li> </ul>	For illness or misadventure, please provide a report from an independent health professional that includes the following details:  the illness, condition or event (including details of a diagnosis, where applicable)  date of diagnosis, onset or occurrence  symptoms, treatment or course of action related to the condition or event  explanation of the probable effect of the illness, condition or event on the student's participation in the assessment					
<ul> <li>Police report</li> <li>Death notice</li> <li>School statement</li> <li>Student statement (optional)</li> </ul>	For non-medical claims, 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						
Senior Schooling HOD	Senior Schooling Administration					
Signature:  Date:	Signature:  Date:					
Date.	Date.					