

Complete this form if you have a *diagnosed disability* or have experienced *personal injury, chronic illness or impairment* which may affect your ability to read, respond to or participate in assessment or is a barrier to your performance in assessment.

It is submitted to the Year Level Deputy Principal for consideration and can only be approved by the Principal. In some cases, the school does not make the final decision and applications are forwarded to the Queensland Curriculum and Assessment Authority (QCAA) for approval.

AARAs are reviewed annually and will require new verification, with the exception of a current verified disability, each year.

The following table reflects the notification timeline requirements as set by QCAA. In general however, AARA's should be in place as soon as possible as assessment cannot be adjusted retrospectively.

Refer to QCE and QCIA Policy and Procedures Handbook 2019 v1.2 available on the school website.

What	When required by	In relation to	Approved by
For General and Applied External Assessment in Units 3 and 4	By the beginning of term 1 of Year 12	Alternative format papers such as large print, braille.	QCAA Approval required.
For General and Applied External Assessment in Units 3 and 4	By the end of term 1 of Year 12 for existing long term or chronic conditions	Change to venue, use of reader or scribe, rest breaks, use of computer, extra time, teacher aide assistance, and assistive technology such as speech to text applications.	QCAA Approval required.
For General and Applied External Assessment in Units 3 and 4	By the beginning of term 3 of year 12 for short term conditions or temporary injuries	Change to venue, use of reader or scribe, rest breaks, use of computer, extra time, teacher aide assistance, and assistive technology such as speech to text applications.	QCAA Approval required.
For General and Applied Internal Assessment in Units 3 and 4	By the end of term 3 of year 11	For rest breaks and additional time.	QCAA Approval required.
For General and Applied Internal Assessment in Units 3 and 4	By the end of term 3 of year 12	All other AARA's.	School approval and reported to QCAA
For General and Applied Internal Assessment in Units 1 and 2	As soon as possible	All access arrangement and reasonable adjustments	School approval and reported to QCAA
For Australian Curriculum and Vocational Education and Training	As soon as possible	All access arrangement and reasonable adjustments	School approval
<b>STUDENT NAME:</b>	<b>YEAR LEVEL:</b>	<b>STUDENT EMAIL:</b>	<b>@eq.edu.au</b>

Granting of AARA is at the discretion of the QCAA, Principal, or Principal's delegate and approved only:

- ✓ When the student successfully meets eligibility criteria;

AND

- ✓ The student's circumstance provides a barrier for eligible students to demonstrate their knowledge and skills in their assessment.

Date of Application: \_\_\_/\_\_\_/\_\_\_

Student Details			
Surname:		Given Name:	
Form:	LUI:	Email:	
Parent/Guardian/Carer Details			
Surname:		Given Name:	
Relationship to Student:			
Daytime Phone Number:		Email:	

Please list relevant subjects and assessment tasks to be considered in the application:

Subject	Class Teacher	Assessment Technique (Please Circle)	Due Date
		Assignment/Exam/Oral/Practical	
		Assignment/Exam/Oral/Practical	
		Assignment/Exam/Oral/Practical	
		Assignment/Exam/Oral/Practical	
		Assignment/Exam/Oral/Practical	
		Assignment/Exam/Oral/Practical	
Time Frame of Condition		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Category		Supporting Documentation Required (Please attach to your application)	
<input type="checkbox"/> <b>Cognitive</b> – (Eg learning difficulties, dyslexia, auditory processing)		<input type="checkbox"/> Medical Report (See Below) <input type="checkbox"/> EAP Verification	
<input type="checkbox"/> <b>Physical</b> – (Eg injury)		<input type="checkbox"/> Medical Report (See Below) OR <input type="checkbox"/> EAP Verification	
<input type="checkbox"/> <b>Sensory</b> – (Eg hearing impairment and vision impairment)		<input type="checkbox"/> Medical Report (See Below) OR <input type="checkbox"/> EAP Verification	
<input type="checkbox"/> <b>Social/Emotional</b> – (Eg anxiety, depression and ADHD)		<input type="checkbox"/> Medical Report (See Below) OR <input type="checkbox"/> EAP Verification	
<input type="checkbox"/> <b>Illness and Misadventure</b> - Illness - Bereavement - Natural Disaster - Misadventure		<input type="checkbox"/> Medical Report (See Below) OR  Misadventure could include: <input type="checkbox"/> Funeral Notice or equivalent demonstrating impact on the due date <input type="checkbox"/> Third party report signed statement, Police report, witness statement, agency report, official <b>notice (NOT THE PARENT/GUARDIAN/CARER)</b> stating: - The nature of the event causing significant and/or recent grief, loss or trauma - How the event and subsequent grief, loss or trauma affect the student participating in assessment, particularly time assessment when considering external exams OR <input type="checkbox"/> <b>Other, please specify:</b> _____	

**Student Statement - Additional Information to Support Application  
(Student to complete)**

Please explain the impact that your disability, illness or situation has had/will have on your assessment:

**Medical Report**

**(Registered practitioner to complete medical report; practitioner must NOT be related to student)**

Complete QCAA Confidential Medical Report (Available on Sarina State High School Website)

**OR**

Medical report/certificate attached to application **MUST PROVIDE THE FOLLOWING INFORMATION:**

- Diagnosis of disability 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, particularly timed assessment when considering external assessment.
- Professional recommendations regarding possible access arrangement or adjustment (See over)

Parent/Guardian/Carer Acknowledgement

I have discussed the grounds for this application with my student and I support the request for additional support for my student. I acknowledge that this is merely a **request only** and is subject to approval from the Principal (or Delegate) in line with school and Queensland Curriculum and Assessment Authority policies and procedures.

Student Signature: \_\_\_\_\_ Parent/Guardian/Carer Signature: \_\_\_\_\_

## School Decision

**Note:** The school is unable to make the final decision when the AARA impacts General Subjects in Unit 3 and 4 and requires QCAA Approval.

This application will impact on assessment in:

- General/Applied Subjects Unit 1 and/or 2       This will also require Principal Report to QCAA
- General/Applied Subjects Unit 3 and 4       This will also require Principal Report to QCAA or     QCAA Approved
- VET Subjects
- Australian Curriculum Subjects

**APPLICATION IS SUPPORTED**

**APPLICATION IS NOT SUPPORTED**

Reason:

**AARA Details - Adjustments Made (Refer Page 62 – 65 QCE and QCIA Policy and Procedure Handbook 2019 v1.1)**

<input type="checkbox"/> How the instrument is presented to the student	<input type="checkbox"/> How the student responds to the instrument	<input type="checkbox"/> Time allowed	<input type="checkbox"/> Scheduling	<input type="checkbox"/> Environment	<input type="checkbox"/> Mode	<input type="checkbox"/> Audience
Details if applicable:	Details if applicable:	Details if applicable:	Details if applicable:	Details if applicable:	Details if applicable:	Details if applicable:

**Regardless of Outcome**

Parent/Guardian/Carer/Student/HoD/Teacher emailed decision outcome and recorded in OneSchool.

**If Supported**

Documented as “**Support/ Support Provision**” in OneSchool.

Provision Name: AARA  
 Provision Type: School  
 Provision Target Area: Curriculum Participation  
 Contact Person: Person who made the decision  
 Contributors: All involved in considering the information  
 Not restricted

Application scanned and attached in Support Provision.

Verifying evidence saved under Support/ Referral and Report with Restriction Level 1 or 2 or 3 depending on potential sensitive nature of information.

**Not Supported**

Documented as “**Contact**” in OneSchool.

- Original Supported Application filed in Student File in Administration.
- Copy of Supported Application provided to class teacher for inclusion in student assessment file.
- Principal Report to QCAA – Copy provided to Senior Secondary Deputy Principal – Uploaded in School Portal.
- QCAA Approval – Copy provided to Senior Secondary Deputy Principal – Upload to School Portal.

Deputy Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## POSSIBLE EXAMPLES OF AARAs

Alternative format papers	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• braille</li> <li>• A4 to A3 enlargement</li> <li>• electronic format</li> <li>• large print papers, e.g. N18, N24, N36</li> <li>• black-and-white materials.</li> </ul>
Assistance	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• a teacher aide assisting with manipulation of equipment and other practical tasks</li> <li>• a supervisor using the student's name in reading assessment instructions, providing support and reassurance, and prompting the student to start or continue writing/undertaking the assessment task.</li> </ul>
Assistive technology	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• amplification system</li> <li>• speech-to-text application</li> <li>• magnification application.</li> </ul> <p>The types of assistive technology that the student may use to complete assessment will depend on variable factors, including the nature and severity of the student's disability and/or impairment and the functional impact related to the type and purpose of the assessment instrument.</p>
Bite-sized food	The student may take a sufficient quantity of bite-sized food in a clear container into the assessment room. Food must be unobtrusive in nature, i.e. not crunchy, strong-smelling or wrapped in noisy packaging.
Comparable assessment	An alternative comparable assessment that has not previously been administered to students in the subject cohort, may be administered on a different date.
Extension	<p>An extension to the due date for submission or completion of an:</p> <ul style="list-style-type: none"> <li>• extended response project <i>or</i></li> <li>• performance <i>or</i></li> <li>• non-examination.</li> </ul>
Extra time	Additional working time at the rate of five minutes per half hour of examination assessment time.
Physical equipment and environment	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• specialised desk or chair</li> <li>• cushion or pillow</li> <li>• crutches</li> <li>• heat or cold pack</li> <li>• towel</li> <li>• lighting</li> <li>• ventilation</li> <li>• temperature</li> <li>• other physical aid.</li> </ul>
Scribe	Work with someone who transcribes the student's verbal response or directions during the assessment.
Vision aids	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• coloured transparency overlay</li> <li>• different lighting</li> <li>• other vision aids.</li> </ul>