

Sarina State High School Long Term AARA Application



How to use this form:

Step 1	Step 2
<ul style="list-style-type: none"> Complete form Attach necessary evidence 	<ul style="list-style-type: none"> Email completed form and evidence to specialprovisions@sarinashs.eq.edu.au <p>Note: in the subject line of the email: AARA Request – Student Name – Year Level</p> <ul style="list-style-type: none"> Alternatively, you can submit your application in person by printing your form and deliver it along with any supporting evidence to the Administration Office at Sarina State High School.

Date of Application:			
Student Name:		Year Level:	
Student Email:			
Parent/Carer Name:			
Parent/Carer Email:			

Which AARA Category do you wish to apply for?

AARA Category	Documentation Required ** Please see over page for documentation required **	Document Provided
Cognitive (eg: Intellectual Disability; Learning Disorder)	<ul style="list-style-type: none"> Medical Report School Statement 	YES/NO
Physical (eg: Long term physical injury, or disability)	<ul style="list-style-type: none"> Medical Report OR EAP Verification Covering Unit 3 and 4 Assessment School Statement 	YES/NO
Sensory (eg: Autistic Spectrum Disorders)	<ul style="list-style-type: none"> Medical Report OR EAP Verification Covering Unit 3 and 4 Assessment School Statement 	YES/NO
Social/Emotion (eg: Anxiety, depression)	<ul style="list-style-type: none"> Medical Report OR EAP Verification Covering Unit 3 and 4 Assessment School Statement 	YES/NO
Illness and/or Misadventure (eg: Sickness, injury, accident, unexpected event)	<ul style="list-style-type: none"> Medical Report OR Supporting Documentation (Other) 	YES/NO

Please briefly describe the situation and how it is impacting your student's learning:

Parent/Carer Signature: _____

For Office Use Only

Year 7 – 10	Year 11 – 12
<input type="checkbox"/> Notification Email Sent <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Curriculum Head of Department	<input type="checkbox"/> Notification Email Sent <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Curriculum Head of Department
<input type="checkbox"/> Record of Contact OneSchool (Application Form/Email)	<input type="checkbox"/> Record of Contact OneSchool (Application Form/Email)
<input type="checkbox"/> Filed student records	<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 <input type="checkbox"/> Application submitted QCAA Portal (NICHSA) <input type="checkbox"/> QCAA Application Report <input type="checkbox"/> Support Provisions OneSchool <input type="checkbox"/> Filed Student Records

Reasonable Adjustments

Student: _____

This section will be completed by a school staff member and will outline the reasonable adjustments to be made available for this student.

QCAA Inclusive Strategy	Adjustment Areas	Tick/Highlight the Adjustment					
Timing	<input type="checkbox"/> Rest breaks (5 mins per ½ hour)	<input type="checkbox"/> Exam time (5 min per ½ hour)			<input type="checkbox"/> Health management (e.g. diabetes checks, medication, toileting, food and drink)		
Scheduling	<input type="checkbox"/> Number of sessions	<input type="checkbox"/> Breaking assessment into sections on the same day					
	<input type="checkbox"/> Leave	<input type="checkbox"/> Change of day/time for assessment due to illness/misadventure			<input type="checkbox"/> Extra sessions required for reading and text processing		
Setting	<input type="checkbox"/> Variation to seating	<input type="checkbox"/> Same Room - out of order Location - _____		<input type="checkbox"/> Small Group Supervision		<input type="checkbox"/> Own room	
Alternate Format	<input type="checkbox"/> Cues and promotes	<input type="checkbox"/> Assisted to highlight/number key words or phrases in directions					
	<input type="checkbox"/> Directions	<input type="checkbox"/> Rephrasing of instructions			<input type="checkbox"/> Individual instructions		
	<input type="checkbox"/> Format of text	<input type="checkbox"/> Braille	<input type="checkbox"/> Colour	<input type="checkbox"/> Less text on the page	<input type="checkbox"/> Digitised text	<input type="checkbox"/> Audio text	<input type="checkbox"/> Font size, front type or bold text
Assistance	<input type="checkbox"/> Assistance	<input type="checkbox"/> Support and reassurance		<input type="checkbox"/> Individual Instructions – written or verbal		<input type="checkbox"/> Reader (Adult)	
		<input type="checkbox"/> Manipulation of materials					
Assistive Technology	<input type="checkbox"/> Scribe	<input type="checkbox"/> Voice to text		<input type="checkbox"/> Recording device used/teacher only (limited audience)		<input type="checkbox"/> Adaptive tools/pencil grip	
	<input type="checkbox"/> Computer or word processor (spellcheck and grammar turned off)	<input type="checkbox"/> Specialised equipment & resources		<input type="checkbox"/> Communication device/assistive technology		<input type="checkbox"/> Braille machine	<input type="checkbox"/> Talking calculator