

Access Arrangements and Reasonable Adjustments (AARA)

Applications for AARA

Sarina State High School is committed to reducing barriers to success for all students. AARA are actions taken by the school to minimise, as much as possible, barriers for a student whose disability, impairment, medical condition or other circumstances may affect their ability to read, respond to or participate in assessment.

The school follows the process as outlined in the QCE and QCIA Policy and Procedures Handbook available from <https://www.qcaa.qld.edu.au/senior/certificates-and-qualifications/qce/qcia-handbook>. **Long Term AARA applications (see below) are submitted to the Head of Department – Student Services for consideration by the Principal.**

All AARA applications must be accompanied by the relevant **supporting documentation** (*outlined below and in Section 6.5 of the QCE and QCIA policy and procedures handbook*) and made as far as possible to meet the QCAA timelines. All evidence used to make decisions is recorded in the student's file by the Principal or their Delegate.

Students are NOT eligible for AARA on the following grounds:

- Unfamiliarity with the English language
- Teacher absence or other teacher-related issues
- Matters that the student could have avoided (such as technology issues)
- Matters of the student's or parent's/carer's own choosing (such as holidays or sporting events)
- Matters that the school could have avoided.

Supporting Documentation

Please note: supporting documentation must be included with you AARA application for consideration of submission as per QCAA guidelines.

Medical Report

To make an informed decision about an AARA application, the QCAA requires a medical report that includes the following details:

- The illness, condition or event (including details of a diagnosis, where applicable).
- Date of onset or occurrence of the disability, illness and/or medical condition (must cover date of assessment.)
- Symptoms, treatment or course of action related to the medical condition or event.
- Explanation of the probable effect of the illness, condition or event on the student's participation in the assessment, particularly timed assessment when considering timed assessment.
- Professional recommendations regarding AARA.

Health practitioners **may** use the medical report template below. If the health practitioner does not use this medical report template, they must supply a current medical report containing the relevant information listed above.

The medical report must be completed by a relevant practitioner who is a general practitioner (GP), medical specialist, or psychologist (registered under Queensland's Medical Practitioners Registration Act 2001 and/or Queensland's Psychologists Registration Act 2001), and who is NOT related to the student or employed by the school.

Non-Medical Supporting Documentation

When the condition is medical, students may supply other relevant evidence including:

- Written evidence from a relevant independent professional or other independent third party, such as a witness or police report
- Official notices

Supporting documentation must cover the date of the assessment for which the application is made.

Confidential Medical Report

Health practitioners may use this medical report template. If the health practitioner does not use this medical report template, they must supply a current medical report containing the relevant information outlined in the previous page.

Student Details	
Student Name:	
I give permission for my health professional to provide information concerning this application to Sarina State High School and the QCAA, if required.	
Student Signature:	Date:
Parent/Carer Signature: (If student is under 18)	Date:

Health Professional Details

Name:	
Profession:	
Phone:	
Speciality /Qualifications: (if applicable)	
Place of work:	
Registration number:	
Practice stamp:	
Signature:	Date:

Part A: Details of disability, important and/or medical condition

Diagnosis:	
Date of diagnosis:	
Date of occurrence/onset:	
Provide a brief history of the student's disability, impairment and/or medical condition including symptoms.	
<input type="checkbox"/> Vision Impairment Please list details:	
<input type="checkbox"/> Intellectual Disability Please list details:	
<input type="checkbox"/> Autism Spectrum Disorder Please list details:	
<input type="checkbox"/> Speech and Language Impairment Please list details:	
<input type="checkbox"/> Hearing Impairment Please list details:	
<input type="checkbox"/> Physical Impairment Please list details:	
<input type="checkbox"/> Medical Condition Please list details:	
<input type="checkbox"/> Mental Health Condition Please list details:	
<input type="checkbox"/> Illness Please list details:	
<input type="checkbox"/> Other Please list details:	
Is the student currently receiving treatment? Please indicate:	
I consider that the impairment arising from the medical condition is/was: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
I consider that the student is/was:	
<input type="checkbox"/> Unfit to participate in assessment due to a temporary medical condition from: / / to / /	
<input type="checkbox"/> Unfit to participate in assessment due to a deterioration in a chronic condition from: / / to / /	
If the student was affected for less than a full day, comment on the amount of time the student was affected during a timed assessment, e.g. second of the exam session:	

Part B: Effect/impact on learning in the classroom

Comment on how the disability, impairment and/or medical condition would affect this student's daily functioning in the classroom.

- Difficulties with attention/concentration
- Difficulties with writing and fine motor tasks
- Difficulties with mobility
- Difficulties with written language and expression
- Difficulties with reading
- Difficulties with numeracy
- Difficulties with anxiety and mental health
- Difficulties accessing curriculum due to vision
- Difficulties accessing curriculum due hearing
- Difficulties accessing the curriculum due to learning disorder
- Other (Please outline details)

Please comment if required:

Part C: Effect/impact on exams (timed assessment)

Comment on how the disability, impairment and/or medical condition would affect this student's daily functioning in the classroom.

- Inability to sit exam at nominated time due to illness
- Inability to write due to physical injury
- Inability to complete written exam within nominated time
- Inability to complete assessment without rest/movement breaks
- Inability to complete exams without adult support to maintain focus and redirect if required
- Inability to present oral presentations to a large group of students
- Inability to read standard format of exam due to vision impairment
- Inability to sit exams without changes to physical environment and without physical equipment
- Inability to complete exams without additional time for medical management (e.g. diabetes)
- Other (Please outline details)

Please comment if required:

Part D: Recommended adjustment

Professional recommendation for assessment adjustments to support completion of assessment.

- Extension to the due date for submission or completion of an assessment piece
- Additional time for exams (for instance, 5 minutes per half an hour)
- Varied seating – single student supervision
- Varied seating – small group supervision
- Varied seating – preferential seating within the classroom
- Alternative format paper – enlarged print or braille
- Teacher assistance – provide support and reassurance and prompts to start and continue
- Teacher assistance with manipulation of equipment and other practical tasks
- Assistive technology – e.g. C-pen, speech to text application
- Diabetes management – bite size food, BG monitoring equipment, additional time to manage aspects of this condition
- Rest breaks taken at any time during the assessment (for instance, 5 minutes per half an hour)

Other recommendations: