

## APPENDIX 7: Cairns SHS AARA Application Form



### Access Arrangements and Reasonable Adjustments AARA Application Form Years 11 – 12

Complete this form if you have a diagnosed disability or have experienced personal injury, chronic illness, impairment, grief, loss or trauma, which may be a barrier to your participation and/or performance in assessment. It is submitted to the Guidance Officer or HOSES for endorsement and then forwarded to the Principal for consideration. 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 each year.

Student Name:	Year Level	Assessment item/s or period of time

#### Part A: Student Statement

1. I have (please tick the relevant box/boxes.)

A verified learning, sensory, physical, psychological or other disability or disorder

A long term or recurrent medical or psychiatric condition or disability

A serious, short term medical or psychiatric condition

Experienced recent and/or significant grief, loss or trauma

2. Name of my condition, disability or significant event causing grief, loss or trauma:

3. The school is already aware of my condition, disability or significant event.

Yes. Details including who is aware: \_\_\_\_\_  No  Unsure

#### Part B: Supporting Evidence:

Only applications with third party, supporting evidence will be considered. It is the parent's and student's responsibility to organise the supporting evidence for this application.

Current Verified Disability as listed in OneSchool with endorsed Educational Adjustment Plan (EAP) OR

Attached is medical report from a general practitioner, medical specialist or psychiatrist who is not related to me. A QCAA Medical Report template is available for download from the school website OR

Attached is a funeral notice or equivalent demonstrating impact on the due dates OR

Attached is a third party signed statement (not the student/parent/carer) stating:

- The nature of the event causing significant and/or recent grief, loss or trauma
- How the event and subsequent grief, loss or trauma affects the student participating in assessment, particularly timed assessment when considering external assessment OR

Other, please specify: \_\_\_\_\_

#### Part C: School Statement:

To be completed by Guidance Officer or HOSES using the QCAA template and attached prior to forwarding this submission to the Principal. A meeting may be requested to discuss the application.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use: to be completed by the Principal after review of evidence

Application received: \_\_\_/\_\_\_/\_\_\_ where possible decision will be made within 7 days upon receipt of verifying evidence

This application will impact on assessment in: <input type="checkbox"/> General/Applied Subjects Unit 1 and/or 2 <input type="checkbox"/> General/Applied Subjects Unit 3 and 4 <input type="checkbox"/> VET Subjects <input type="checkbox"/> Australian Curriculum Subjects	<input type="checkbox"/> This will also require Principal Report to QCAA <input type="checkbox"/> This will also require Principal Report to QCAA or <input type="checkbox"/> QCAA Approved
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<b>School Decision</b>		
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)		
<input type="checkbox"/> Supported Expiry/Review date: ___/___/___		<input type="checkbox"/> Not Supported Reason:
<b>AARA Details:</b>		
How the instrument is presented to the student		
How the student responds to the instrument		
Time allowed		
Scheduling		
Environment		
Audience		
<b>Notification/Documentation:</b>		
Regardless of outcome the following are to be notified via email:		
Student <input type="checkbox"/>	Parent/Carer <input type="checkbox"/>	Teachers <input type="checkbox"/>
<input type="checkbox"/> IF SUPPORTED Documented as "Support/Support Provision" in OneSchool. <ul style="list-style-type: none"> <li>• Provision Name: AARA</li> <li>• Provision Type: School</li> <li>• Provision Target Area: Curriculum</li> <li>• Contact Person: Person who made the decision</li> <li>• Contributors: All involved in considering the information</li> <li>• Not restricted</li> <li>• Application scanned and attached to Support Provision</li> <li>• Verifying evidence saved under Support/Referral and Report with Restriction Level 1 or 2 depending on potential sensitive nature of information</li> </ul>		<input type="checkbox"/> NOT SUPPORTED Documented as "Contact" in OneSchool
Original supported applications: submit to the main office to be kept on student file		
When Principal reports to QCAA or QCAA Approval is required: submit to Senior Schooling Deputy for Processing		
Deputy Principal Signature:		Date: