

Date:	Student Name:	Care:
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Student is not eligible for AARA on the following grounds:

- unfamiliarity with the English language
- teacher absence or other teacher-related difficulties (e.g. change of teachers)
- matters that the student could have avoided (e.g. misreading an exam timetable or instructions, IT issues including lost or stolen USB/computer, non-curriculum based excursions, traineeships, apprenticeships or work experience)
- matters of the student's or parent's/carer's own choosing (e.g. family holiday)
- matters that the school could have avoided (e.g. incorrect enrolment in a subject)
- sporting representative duties other than national level – all other sporting representative duties please see Guidance Officer

Examples of approved adjustments (This is not an exhaustive list - adjustment/s must still allow the student to demonstrate assessment objectives)

- Extension to due date
- Re-scheduling (e.g. car accident/influenza/funeral: complete an assessment at a later time – an alternative, comparable assessment may be used. NOTE: not applicable to external assessment)
- How the instrument is presented to the student (e.g. hearing impairment: written rather than verbal instructions)
- How the student responds to the assessment (e.g. dyspraxia: complete the assessment using a computer with approved software)
- Time allowed (e.g. rest breaks: may have 5 minutes per half-hour extra time provided in supervised assessment)
- Environment in which the assessment is undertaken (e.g. reader/scribe provided in another room with student)
- Mode of the assessment (e.g. diagnosed anxiety disorder: student presents to teacher at lunch or provides a pre-recorded response)

For most applications in Yr 10 (single subject) see the Curriculum HOD. For extensions in Yr 11 and 12 see Curriculum HOD. For missed exams in Yr 11 and 12 see DP Senior Schooling.

For more information on eligibility, **multiple or recurring AARAs**, please contact our **Guidance Counsellors** or **DP Senior Schooling** (07) 3804 2333.

Subject/s	Teacher Code	Assessment Item/s	Original Due Date	New Due Date	HoD Approved	Date

Adjustment/s requested (circle or note other)

Extension to due date: Sit a missed exam: Submission of a late assessment: Other

AARA CATEGORY A: (tick)	<input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent <input type="checkbox"/> Permanent
AARA CATEGORY B (tick)	DOCUMENTATION REQUIRED tick what evidence provided
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Medical Certificate or *Medical report (see below)
<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Certificate or *Medical report (see below)
<input type="checkbox"/> Sensory	<input type="checkbox"/> Medical Certificate or *Medical report (see below)
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Medical Certificate or *Medical report (see below)
<input type="checkbox"/> Illness/Misadventure	<input type="checkbox"/> Medical Certificate or *Medical report (see below), <i>and/or</i> <input type="checkbox"/> Misadventure could include police report, witness statement, agency report, official notice, etc. Please specify:
STUDENT STATEMENT (student to complete – parent or case manager may assist)	
<input checked="" type="checkbox"/> For <u>disability, impairment and/or medical condition</u> , please explain how this affects you in assessment. <input checked="" type="checkbox"/> For illness or misadventure, please explain the impact that your illness or situation has/will have on your assessment. Please attach statement to your AARA application.	
MEDICAL REPORT Registered GP, specialist or psychologist to complete medical report; practitioner must not be related to student	
Medical report/certificate attached to application must provide the following information:	
<input checked="" type="checkbox"/> diagnosis of disability and/or medical condition <input checked="" type="checkbox"/> date of diagnosis <input checked="" type="checkbox"/> date of occurrence or onset of the disability and/or medical condition <input checked="" type="checkbox"/> symptoms, treatment or course of action related to the disability and/or medical condition <input checked="" type="checkbox"/> information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment <input checked="" type="checkbox"/> professional recommendations regarding possible access arrangement or adjustment (see over page for examples).	
STUDENT SIGNATURE AND DATE	PARENT/GUARDIAN SIGNATURE AND DATE
Date:	Date:
GUIDANCE OFFICER SIGNATURE AND DATE	D/PRINCIPAL SIGNATURE AND DATE
Date:	Date:
OFFICE USE ONLY	
AARA approved: <input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Separate school statement attached
<input type="checkbox"/> Relevant documentation attached to application	<input type="checkbox"/> Parent, student, teacher & HOD emailed decision outcome
<input type="checkbox"/> Additional documentation provided?	Documents uploaded to: <input type="checkbox"/> OneSchool <input type="checkbox"/> QCAA Portal
ADDITIONAL NOTES:	