



AARA

Access Arrangements and Reasonable Adjustments

Complete and return this form with supporting documents to Senior School HOD or Deputy Principal.

AARA are planned and negotiated as early as possible so that eligible students are supported appropriately to participate in, and complete the requirements for, a course of study and assessment.

Name:	Form Class:
Date of Birth:	Application Date:
Period Applied for Start Date: End Date:	
Subject(s):	All Subjects: <input type="checkbox"/>
Reason for Application (select from the reasons below):	
<input type="checkbox"/> Extension of time for assessment instrument/s due to absence <input type="checkbox"/> Absence from a scheduled exam	<input type="checkbox"/> Access arrangement to make assessment more accessible <input type="checkbox"/> Reasonable adjustment for student with disabilities

Which AARA category do you wish to apply for?

AARA Category	Documentation Required
<input type="checkbox"/> Cognitive (eg. Intellectual disability; learning disorder)	<input type="checkbox"/> Medical report on QCAA template or <input type="checkbox"/> EAP verification <input type="checkbox"/> School Statement
<input type="checkbox"/> Physical (eg. Physical injury or disability)	<input type="checkbox"/> Medical report on QCAA template or <input type="checkbox"/> EAP verification <input type="checkbox"/> School Statement
<input type="checkbox"/> Sensory (eg. Autistic Spectrum Disorders)	<input type="checkbox"/> Medical report on QCAA template or <input type="checkbox"/> EAP verification <input type="checkbox"/> School Statement
<input type="checkbox"/> Social/Emotional (eg. Anxiety, depression)	<input type="checkbox"/> Medical report on QCAA template or <input type="checkbox"/> EAP verification <input type="checkbox"/> School Statement
<input type="checkbox"/> Illness, Bereavement and/or Misadventure (short term) (eg. Sickness; accident; unexpected event)	<input type="checkbox"/> Medical certificate, and/or <input type="checkbox"/> Please Specify: _____ (eg, may include police report, witness statement, agency report, official notice, etc.)

Student Statement - Please explain the impact your condition has or will have on your assessment:
(Additional QCAA Student Statement form may be requested to support this application)

Parent acknowledgement and understanding of reasonable adjustment request:

Parent Signature	Student Signature
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Please Note:-
Forms must be lodged directly with the HOD of Senior School or the Deputy Principal only
All AARA applications must include supporting documentation
If the student/parent wishes for the AARA to be extended beyond this timeframe, additional supporting documentation may be required.
The provision of AARA for assessment in Units 1 and 2 by a school is not a guarantee that students will be provided the same access or the same adjustments for assessment in Units 3 and 4.

SCHOOL TO COMPLETE

AARA supported? YES NO

Time frame: _____

If no, student and parent informed? YES NO

QCAA Inclusive Strategy	QCAA Approved Areas (P to 10)	Tick/highlight the adjustment/s for this assessment					
Timing	Additional time	Extension for assignment <1 week	Extension for assignment >1 week	Exam time (imputed 5 minutes per hour)	Exam time (imputed 10-15 minutes per hour)		
	Frequent breaks (in between exams)	Exam time (imputed 5 minutes per hour)		Exam time (imputed 10-15 minutes per hour)			
Scheduling	Exam Time	Comparable Exam					
	Number of sessions	Breaking assessment into sections			Increasing pre-exam preparation		
	Order of sessions	Establishing assessment from C level to A+ level through the exam/ assignment			Extra sessions for reading and text processing		
Setting (noise, anxiety, wheelchair access)	Location: furniture, resources, supervision	Supervision required during the delivery of units, including assessment			Identifying furniture, resources and equipment		
	Seating: placement	Planning the placement of seating to maximise visibility, audibility, physical access to resources, learning opportunities and support (adults or peers), as required.					
Presentation	Cues and prompts	Highlighting key words or phrases in directions			Using symbols (e.g. arrows or stop signs) to remind the student to do something		
	Directions	Read aloud	Read more than once	Present as pictures/ symbols	Highlighted key words	Text to speech	
	Format of the text	Braille, large print	Less text on page	Digitised text	Audio text		
	Specialised equipment	Laptop		iPad		Graphic organisers	
Response	Verbal	Scribe (adult)		Recording device		Interpreter /translator	
	Written	Adaptive tools – pencil grip	Specialised writing tools	Keyboards		Scribe and speech to text	
	Non-verbal	Assistive technology		Symbol and word bank		Finger/eye pointing	
	Specialised equipment	Computer or word processor	Communication devices	Speech-to-text or text-	Braille machine	Talking calculator	

I am satisfied/not satisfied that this application meets the requirements as set down in the school's Assessment and AARA policy.

Principal Delegate Signature: _____

Date: _____

Office Use Only			
Application complete	YES / NO	Principal Approved / QCAA Approved	
Parent, student informed of decision	YES / NO	AARA recorded on Student Portal	YES / NO
Teacher, HOD informed of decision	YES / NO	AARA recorded on QCAA Portal	YES / NO