**Access Arrangements and Reasonable Adjustments Application Form**

**Instructions for AARA (QCAA) Applications Year 10 to 11 Unit 1 and 2**

* Please refer to the Elanora SHS’s Assessment Policy prior to submission of the application.
* Granting of AARA is at the discretion of the Classroom Teacher, Support Teacher, and approved by the HOD/HOSES

**For students 7 to 11 Unit 1 and 2 they must successfully meet eligibility criteria of the assessment, any assessment adjustments must be not interfere with the integrity of the achievement standard**

**Date of application:** Click or tap to enter a date. **Student’s Name:** Click or tap here to enter text.

**Form:** Click or tap here to enter text. **Subject/s:** Click or tap here to enter text.

**Teacher:** Click or tap here to enter text.

**Reason for application:** Choose an item. **Eligibility criteria** (select from the conditions and categories below)**:**

|  |  |  |
| --- | --- | --- |
| **Time-frame of condition** | **Category** | **Extent of Adjustment** |
| Temporary – (near assess time)  Intermittent – (Impacts for 3 week period or longer)  Permanent – (Verified/Diagnosed/Imputed) | Cognitive  Physical  Sensory  Social/emotional/MenH  Illness  Bereavement  Misadventure | **Extensive** (new achievement standard, ICP) (T3) |
| **Substantial** (specific to the individual **student - criteria integrity maintained**) (T2) |
| **Supplementary/Differentiated**  (broad based support - **criteria integrity maintained**) (T1) |

**Student statement explaining reason for application:** To allow the student reasonable access to assessments pieces.

**Parent acknowledgement and understanding of reasonable adjustment:**

I acknowledge that my child is entitled to reasonable adjustments for assessment tasks. Adjustments are required to be reported to the QCAA and some are subject to their approval. Selected adjustments will change according to the type of assessment being undertaken.

**Supporting evidence (***please site evidence/reasoning***):** Choose an item.

Approved: Yes ✓ No 🞏

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GO/HOSES Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Applications can be allocated to the back of the assessment once approved by HOD/HOSES
* Teachers please record any usage of AARA on OneSchool Personalised Learning Plan Tab

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QCAA Inclusive strategy** | **Possible Adjustment** | **Tick the adjustment for this assessment** | | | | | | | | | | | | | |
| Timing  (rest breaks and extra time) | Extension  **Principal Reported**  Additional time (exam)  **QCAA Approved** | Extension Assignment  <1week | | Extension  Assignment-  >1 week | | | | Extra time  (imputed 5min per half hour of exam time) | | | | Comparable Assessment | | | |
| Rest breaks  **QCAA Approved** | Rest breaks  (Five minutes per half hour of assessment time, taken at any time during the assessment.) | | | | | |  | | | | | | | |
| Scheduling  (order and number of sessions)  **Principal Reported** | Number of sessions | Breaking assessment into sections same day | | | | | | 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 wheelchair access, anxiety)  **Principal Reported** | Location: Room, Furniture, resources, supervision | Supervision that students require during the implementation of units, including assessment | | | | | | Identifying room, furniture, resources and equipment | | | | | | | |
| Seating: Placement | Planning the placement of seating to maximise visibility, audibility and physical access to resources, learning opportunities and support (adults or peers), as required. | | | | | | | | | | | | | |
| Presentation  **Principal Reported** | Cues and prompts | Highlighting key words or phrases in directions | | | | | | Using symbols such as arrows or stop signs to remind the student to do something | | | | | | | |
| Directions | Read aloud | | Read more than once | | | | Presented as pictures/symbols | | | Highlighted key words | | | | Text to  Speech |
| Format of the text | Braille  Large print | | Less text on the page | | | | Digitised text | | | Audio text | | | | |
| Specialised equipment | Laptop | | | | IPAD | | | | | Graphic organisers | | | | |
| Response  **Principal Reported** | Verbal | Scribe (adult) | | | | Recording device | | | | | Interpreter /translator | | | | |
| Written | Adaptive tools – Pencil grip | | | Specialised writing tools | | | | Keyboards | | | | Scribe and speech to text | | |
| Non-verbal | Assistant technology  Symbol and word bank | | | | Finger/eye pointing | | | | |  | | | | |
| Specialised equipment & resources | computer or word processor | communication devices | | | | speech-to-text or text- | | | Braille machine | | | | talking calculator | |
| **Medical**  **Principal Reported** | Medical considerations | Bite Sized Food | Diabetes management | | | | Drink | | | Medication | | | | | |

This section to be completed by the Head of Department/HOSES

I am satisfied that this application meets the requirements as set down in Elanora’s SHS Assessment Policy.

I have checked class progress and the notes and/or draft completed by the student

HOD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_