



## Unit 1 & 2

### Access Arrangements and Reasonable Adjustments (AARA):

#### APPLICATION FORM

Date:	Student Name:	Grade:11
SUBJECT/S	TEACHER <u>and</u> HOD	Assessment
<b>AARA CATEGORY A:</b> (Staff member to tick) →	<input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Intermittent <input type="checkbox"/> Permanent	
<b>AARA CATEGORY B</b> (Staff member to tick) ↓	<b>DOCUMENTATION REQUIRED</b> (Student/family to tick what evidence provided with application) ↓	
<input type="checkbox"/> Cognitive	<input type="checkbox"/> *Medical report (see below) <i>or</i> <input type="checkbox"/> EAP verification	
<input checked="" type="checkbox"/> Physical	<input checked="" type="checkbox"/> *Medical report (see below) <i>or</i> <input type="checkbox"/> EAP verification	
<input type="checkbox"/> Sensory	<input type="checkbox"/> Medical report (see below) <i>or</i> <input type="checkbox"/> EAP verification	
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> *Medical report (see below) <i>or</i> <input type="checkbox"/> EAP verification	
<input type="checkbox"/> Illness or Misadventure ( <b>only to be used after all other AARA have been exhausted</b> )	<input type="checkbox"/> 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: _____	
<b>FLU</b>		
MEDICAL REPORT		
<b>(Registered GP, medical specialist or psychologist to complete medical report; practitioner must not be related to student)</b>		
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:	
AARA OFFICERS SIGNATURES		
GO/HOD SS SIGNATURE AND DATE		
Date: 13/05/24		
OFFICE USE ONLY		
AARA approved: <input checked="" type="checkbox"/> Yes <i>or</i> <input type="checkbox"/> No (see over page for details)	<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	
Documents uploaded to: <input type="checkbox"/> G:Drive <input type="checkbox"/> QCAA Portal		

## Selected Access Arrangements and Reasonable Adjustments (AARA):

QCAA Inclusive strategy	Possible Adjustment	Tick the adjustment for this assessment			
		Extension Assignment <1week	Extension Assignment- >1 week	Extra time (imputed 5min per half hour of exam time)	Comparable Assessment
<b>Timing</b>	Extension <b>Principal Reported</b> Additional time (exam) <b>QCAA Approved</b>	Extension Assignment <1week	Extension Assignment- >1 week	Extra time (imputed 5min per half hour of exam time)	Comparable Assessment
	Rest breaks <b>QCAA Approved</b>	Rest breaks (Five minutes per half hour of assessment time, taken at any time during the assessment.)			
<b>Setting</b>	Location: Room <b>Principal Reported</b>	Small group supervision in alternative exam room.			
	Seating: Placement <b>Principal Reported</b>	Order of seating can be changed.			
<b>Responding to Questions</b>	Specialised equipment <b>QCAA Approved (EA's and CIA)</b>	Desktop computer, laptop or tablet device with an approved software application.	Speech-to-text software		
	Scribe <b>QCAA Approved (EA's and CIA)</b>	Work with someone who transcribes the student's verbal response or directions during the assessment.			
<b>Question Paper</b>	Directions <b>QCAA Approved (EA's and CIA)</b>	Text to Speech – Word or Acrobat Reader		Reader	
	Format of the text <b>QCAA Approved (EA's and CIA)</b>	Braille Large print	Less text on the page	Digitised text	Larger format
	Visual Aides <b>Principal Reported</b>	coloured transparency overlay	magnification devices	other vision aids.	
<b>Medical</b> <b>Principal Reported</b>	Medical considerations <b>Principal Reported</b>	Bite Sized Food	Diabetes management	Drink	Medication

### STUDENT CHECKLIST:

- AARA application completed
- Medical report attached
- Parent/Guardian signature
- Student signature
- ↓
- Submit completed AARA application and supporting documents to Guidance Officer/HOD Senior School

### AARA Notes

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<b>DATES AARA APPLY:</b>	<b>FROM:</b>	<b>TO:</b>		