



Unit 3 & 4

Access Arrangements and Reasonable Adjustments (AARA):

APPLICATION FORM

Date:	Student Name:	Grade:
SUBJECT/S	TEACHER <u>and</u> HOD	Assessment
AARA CATEGORY A: (Staff member to tick) →	<input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent <input type="checkbox"/> Permanent	
AARA CATEGORY B: (Staff member to tick) ↓	DOCUMENTATION REQUIRED (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 type="checkbox"/> Physical	<input 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 (only to be used after all other AARA have been exhausted)	<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: _____	
MEDICAL REPORT		
(Registered GP, medical 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:	
AARA OFFICERS SIGNATURES		
GO/HOD SS SIGNATURE AND DATE	Date:	
OFFICE USE ONLY		
AARA approved: <input 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				
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)	Number of sessions	Breaking assessment into sections same day		Increasing pre-exam preparation		
	Order of sessions Principal Reported	Establishing assessment from C level to A+ level through the Exam/Assignment		Extra sessions for reading and text processing		
Setting (noise wheelchair access, anxiety)	Location: Room, Furniture, resources, supervision	Supervision that students require during the implementation of units, including assessment		Identifying room, furniture, resources and equipment		
	Seating: Placement Principal Reported	Planning the placement of seating to maximise visibility, audibility and 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 such as arrows or stop signs to remind the student to do something		
	Directions Principal Reported	Read aloud	Read more than once	Presented as pictures/symbols	Highlighted key words	Text to Speech
Principal Reported	Format of the text	Braille Large print	Less text on the page	Digitised text	Audio text	
	Specialised equipment	Laptop		IPAD	Graphic organisers	
Response	Verbal	Scribe (adult)		Recording device	Interpreter /translator	
	Written Principal Reported	Adaptive tools – Pencil grip	Specialised writing tools	Keyboards	Scribe and speech to text	
Principal Reported	Non-verbal	Assistant technology Symbol and word bank		Finger/eye pointing		
	Specialised equipment & resources	computer or word processor	communicati on devices	speech-to-text or text-	Braille machine	talking calculator
Medical Principal Reported	Medical considerations	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

DATES AARA APPLY:	FROM:	TO:	

