

Unit 1 & 2 Access Arrangements and Reasonable Adjustments (AARA): <u>APPLICATION FORM</u>

Date: Student Name:								
SUBJECT/S		TEACH	ER <u>and</u> HOD	Assessm	nent			
AARA CATEGORY A: (s	Staff member to tick) \rightarrow	Temporary	□ Intermittent □ Permanent					
		DOCUMENTATION REQUIRED						
AARA CATEGORY B (Staff member to tick) ↓		(Student/family to tick what evidence provided with application) ↓						
Cognitive Physical		□ *Medical report (see below) or						
		*Medical report (see below) or						
		EAP verification Medical report (see below) or						
□ Sensory		 Medical report (see below) or EAP verification 						
Social/Emotional								
		 *Medical report (see below) or EAP verification 						
Illness or Misadventur	e (only to be used	□ Medical report (see below), and/or						
after all other AARA ha exhausted)	ve been	□ Misadventure could include police report, witness statement, agency report,						
exhausted) 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:								
•	••	•	ollowing information:					
 ☑ diagnosis of disability and/or medical condition ☑ date of diagnosis 								
☑ date of occurrence or onset of the disability and/or medical condition ☑ symptoms, treatment or course of action related to the disability and/or medical condition								
 Symptoms, treatment or course or action related to the disability and/or medical condition information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment 								
			gement or adjustment (se	e over page for example	es)			
STUDENT SIGNATURE AND DATE			PARENT/GUAR	RDIAN SIGNATURE AN	D DATE			
	_			_				
Date:				Date	:			
AARA OFFICERS SIGNATURES								
GO/HOD SS SIGNATURE AND DATE								
Date:								
OFFICE USE ONLY								
AARA approved:			Separate school statement attached					
Relevant documentation attached to application			Parent, student, teach					
			Documents uploaded to:	: ⊔G:Drive ⊔QC	CAA 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	Exter Assig >1 w	nmen	ıt-	· ·	time Ited 5mir our of ex			omparable ssessment	
	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	Number of sessions	Breaking assessment into sections same day Establishing assessment from C level to A+ level through the Exam/Assignment			Increasing pre-exam preparation						
of sessions) Principal Reported	Order of sessions				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						
Principal Reported	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	Cues and prompts	Highlighting key words or phrases in directionsUsing symbols such as arrows or stop signs to remind the student to do something					signs to				
	Directions	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)			Recor	rding device Interpreter /transla		slator			
Principal Reported	Written	Adaptive tools – Pencil grip	 Specialised writing tools 		Keyboards		irds		Scribe and spe to text		
	Non-verbal	Assistant technology Finger Symbol and word bank		r/eye pointing							
	Specialised equipment & resources	computer or word processor				speech-to- text or text-		Braille machine		talkir calcu	ng lator
Medical Principal Reported	Medical considerations	Bite Sized Food		Diabetes [nanagement		Drink Me		Medi	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:				