Year 11-12 Access Arrangements and Reasonable Adjustments (AARA) Application Form



Complete this form to apply for Access Arrangements and Reasonable Adjustments (AARA) if you have a diagnosed disability or have experienced personal injury, chronic illness, impairment, grief, loss or trauma that may affect your ability to read, respond to and participate in assessment.

Attached to AARA Application Summary Coversheet relevant supporting documentation including:

- 1. QCAA Confidential Medical Report
- 2. QCAA Confidential Student Statement
- 3. Other relevant supporting documentation (e.g. funeral notice, police report, specialist reports, etc.)

## Submit application to either: <a href="mailto:seniorschool@baringassc.eq.edu.au">seniorschool@baringassc.eq.edu.au</a> or Student reception.

| STUDENT TO COMPLETE                 |         |   |                                |
|-------------------------------------|---------|---|--------------------------------|
| STUDENT NAME                        |         | YEAR LEVEL  | APPLICATION DATE               |
|                                     |         |   |                                |
| BARRIER CATEGORY                    |         |   |                                |
| Tick ONE that is relevant:          |         | Tick all that are relevant:                               |                                |
|                                     |         |   |                                |
| Long term and chronic condition     |         | Cognitive   |                                |
|                                     |         | Short term conditions                                     |                                |
| Short term conditions               |         | Illness/misadventure                                      |                                |
|                                     |         | Physical  |                                |
| Illness/misadventure                |         | Sensory   |                                |
|                                     |         | Social/emotional  |                                |
|                                     |         | Illness   |                                |
|                                     |         | Misadventure  | and the student base of sector |
|                                     |         | Unforeseen circumstances where the student has no control |                                |
|                                     |         | (eg. Car Accident, Death of family member).               |                                |
| ADDITIONAL AARA DETAILS             |         | SUPPORTING EVIDENCE                                       |                                |
|                                     |         | Long term and chronic condition                           |                                |
|                                     |         | Short term conditions                                     |                                |
|                                     |         | Illness/misadventure                                      |                                |
| SUBJECTS/ASSESSMENTS REQUIRING AARA |         |   |                                |
| Subject                             | Teacher | Assessment Type   | Due Date                       |
|                                     | 4       |   |                                |
|                                     |         |   |                                |
|                                     |         |   |                                |
|                                     |         |   |                                |
|                                     |         |   |                                |
| STUDENT SIGNATURE:                  |         | PARENT/CARER SIGNATURE:                                   |                                |
| DATE:                               |         | DATE:   |                                |
| OFFICE USE                          |         |   |                                |
| APPLICATION RECEIVED:               |         | AARA TYPE   |                                |
|                                     |         |   |                                |
|                                     |         | Principal Approval QCAA Approval                          |                                |
| Reason for not approved:            |         |   |                                |
|                                     |         |   |                                |
| RELEVANT OFFICER                    |         | DATE  |                                |
|                                     |         |   |                                |
| Communicated to student/family      |         | Upload documentation to special provisions on             |                                |
|                                     |         | OneSchool   |                                |
|                                     |         |   |                                |