



AARA Application Year 10 to 12

- This form is to be used when a student requests a change to any assessment conditions.
- To be considered, this application **must** be submitted **before** assessment **due date**.
- Refer to Beenleigh State High School Assessment Policy prior to submission of this form.

Student Details:				
Name:		Yr. Level:		Date of Application:
Pathway: <small>[Please tick]</small>	<input type="checkbox"/> ATAR/QCE (University)	<input type="checkbox"/> QCE (VET/Other study/Employment)		

Eligibility criteria [tick appropriate boxes]

Category	Time-frame of condition	Definition and possible AARA examples
<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Social/emotional	<input type="checkbox"/> Permanent (verified/diagnosed/imputed)	<ul style="list-style-type: none"> • Computer, extra time, reader, rest breaks, scribe • Assistance, computer extra time, rest breaks • Alternative format papers, assistance, assistive technology e.g., amplification system, magnification applications, extra time, individual instructions, rest breaks • Alternative venue, assistance, rest breaks
<input type="checkbox"/> Illness / Misadventure	<input type="checkbox"/> Temporary	<ul style="list-style-type: none"> • event unforeseen and beyond student's control (e.g., death in family) • not of student's own choosing or that of their parents/carers (e.g., family holiday) • has adverse effect on student's ability to attend/participate in assessment (e.g., illness)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	Other circumstances as determined in consultation with HoD, DP or GO (e.g., death in family)

PART A: ILLNESS & MISADVENTURE

(Submit to Senior Schooling Office – Room 601 – Bookinburra Building)

Reason for extension request: <small>[student statement]</small>		
Supporting evidence attached	<input type="checkbox"/> Medical certificate	<input type="checkbox"/> Other:

Assessment Details			
Subject	Unit # <small>(e.g., 1, 2, 3, 4)</small>	Item <small>(e.g., FA1 / IA1)</small>	Teacher Code
Current Due Date:		Requested Due Date:	
Revised Due Date <small>(HoD to complete)</small>			

Senior Schooling Office Use Only	
<input type="checkbox"/> Documentation provided	<input type="checkbox"/> Entered on QCAA (Year 12 only)
<input type="checkbox"/> Entered on OneSchool	<input type="checkbox"/> All parties notified of outcome
<input type="checkbox"/> QCAA Approved	<input type="checkbox"/> Principal Approved

PART B: ACCESS ARRANGEMENT or REASONABLE ADJUSTMENT

(to be completed in consultation with Student Support Officer / Guidance Officer)

Condition Length	Supporting Evidence
<input type="checkbox"/> Long-term <input type="checkbox"/> Short-term	<input type="checkbox"/> Medical documentation <input type="checkbox"/> Other supporting documentation

Category of Application				
	Cognitive	Physical	Sensory	Social/Emotional*
1				
2				

*Social / Emotional category for Year 11 and 12 students require medical certificates to be renewed every 6 months

Requested Arrangements		
<input type="checkbox"/> Alternative format	<i>Specify format requirements:</i>	
<input type="checkbox"/> Assistive technology	<i>Specify format requirements:</i>	
<input type="checkbox"/> Assistance	<input type="checkbox"/> Bite sized food	<input type="checkbox"/> Computer
<input type="checkbox"/> Diabetes management	<input type="checkbox"/> Drink (<i>other than water</i>)	<input type="checkbox"/> Extra time
<input type="checkbox"/> Individual instructions	<input type="checkbox"/> Medication (<i>prescription only</i>)	<input type="checkbox"/> Physical equipment (<i>specify in notes</i>)
<input type="checkbox"/> Reader	<input type="checkbox"/> Rest breaks	<input type="checkbox"/> Scribe
<input type="checkbox"/> Varied seating	<i>Specify seating requirements:</i>	
<input type="checkbox"/> Vision aids	<i>Specify vision aid requirements:</i>	
Notes:		

Signatures		
Student Name <i>[Print]</i>	Student Signature	Date
Parent Name <i>[Print]</i>	Parent Signature*	Date
GO / Student Support Officer Name <i>[Print]</i>	GO/Student Support Officer Signature	Date
Principal Delegate's Name <i>[Print]</i>	Principal Delegate's Signature	Date
<p><i>*I have discussed the grounds for this application with my student and I support the request for additional support. I acknowledge that this is merely a request and is subject to approval in line with school and Queensland Curriculum and Assessment Authority procedures. I understand that AARAs are reviewed annually for students with disability and every 6 months for social/emotional needs.</i></p>		

Office Use Only	
<input type="checkbox"/> Documentation provided	<input type="checkbox"/> Entered on QCAA (Year 12 only)
<input type="checkbox"/> Entered on OneSchool	<input type="checkbox"/> All parties notified of outcome
<input type="checkbox"/> QCAA Approved	<input type="checkbox"/> Principal Approved