



REQUEST FOR AN AARA
 (Access Arrangements and Reasonable Adjustments)
 Year 11 and 12 students only

THE REQUEST IS NOT GRANTED UNTIL APPROVED BY THE HOD/PRINCIPAL'S DELEGATE VIA EMAIL.

SECTION 1 - To be completed by the student and given, in hard copy or email, to the class teacher.

STUDENT NAME	YEAR	FORM
STUDENT SCHOOL EMAIL ADDRESS	@eq.edu.au	

SUBJECT CODE (from timetable)	TEACHER
ASSESSMENT NAME	ASSESSMENT NUMBER
ASSESSMENT TYPE	(select one) EXAM ASSIGNMENT/PRESENTATION
DUE DATE	DATE AARA REQUESTED UNTIL
DATE OF APPLICATION FOR AARA	

AARA ELIGIBILITY CRITERIA	
Time-frame of condition	Category
(select one) Temporary (near assessment time) Intermittent (impacts for 3 weeks or longer) Permanent (verified/diagnosed/imputed)	(check all that apply) Bereavement Cognitive Illness Misadventure Physical Sensory Social/emotional/mental health
SUPPORTING DOCUMENTATION ATTACHED	(check all that apply and attach documentation) Medical Certificate Written notification e.g. bereavement

PARENT ACKNOWLEDGEMENT			
I have discussed this application with my child and I support the request for an AARA. I acknowledge that this application is subject to approval from the Principal (or delegate) in line with school and QCAA policies.			
PARENT/CARER NAME			
MOBILE NUMBER		EMAIL ADDRESS	

SECTION 2 - To be completed by the student's teacher and forwarded to the HOD.

AARA RECOMMENDED (check one)	YES	NO
DRAFT COMPLETED (check one)	YES	NO N/A
COMMENTS		
TEACHER'S SIGNATURE		DATE

SECTION 3 - To be completed by HOD and forwarded to QCAA Principal's Delegate.

AARA GRANTED? (circle one)	YES	NO	REFER TO PRINICIPAL'S DELEGATE
RESOLUTION (tick and complete all that apply)	Complete comparable task – due on _____ Hand in assignment/presentation – due on _____ Complete exam – due on _____ Adjustment required Supplementary/Differentiated(broad based support - criteria integrity maintained) (detail) _____ Substantial (specific to the individual student - criteria integrity maintained) (detail) _____ Other (detail) _____		

SUPPORTING DOCUMENTATION COMPLETED & RECEIVED	<i>(tick all that apply and attach documentation)</i> Medical Certificate Written Notification e.g. bereavement Confidential Medical Report (if required)
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EMAIL SENT TO STUDENT, PARENT/S AND TEACHER/S ON	
COMMENTS	
HEAD OF DEPARTMENT NAME	
HOD'S SIGNATURE	DATE

HOD - Original paperwork must be given to QCAA Deputy for filing.