

# Application for Access Arrangements and Reasonable Adjustments (AARA)



**\*Complete after reading the Ormeau Woods State High School Assessment Policy**

**Student Name:** \_\_\_\_\_ **Home Group:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**ELIGIBILITY:** On what basis are you applying for the AARA? Cognitive  physical  sensory  social/emotional

What timeframe are you applying for the AARA to be active? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**In what subjects are you applying for an AARA, and what assessment(s) have you missed or what assessments will you miss or need adjustments for?**

1. Subject	Teacher	Assessment	4. Subject	Teacher	Assessment
2. Subject	Teacher	Assessment	5. Subject	Teacher	Assessment
3. Subject	Teacher	Assessment	6. Subject	Teacher	Assessment

**Supporting Documentation:**

You are required to obtain a medical report, or other evidence. Is it attached to the application? YES  NO

Is the medical report on the QCAA's medical report template? YES  NO

Does the medical report contain;

Diagnosis of disability and/or medical condition?	YES	NO
Date of diagnosis?	YES	NO
Date of occurrence or onset of the disability and/or medical condition?	YES	NO
Symptoms, treatment or course of action related to the disability and/or medical condition?	YES	NO
Information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment	YES	NO
Professional recommendations regarding AARA	YES	NO

I declare all information provided to be true and accurate at the time of submission

I agree that where required this information be shared with QCAA to confirm AARA provisions

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_

- 1. Has the student provided all necessary documentation? YES  NO
- 2. Does the student meet eligibility criteria? YES  NO
- 3. Is this an application that needs QCAA approval? YES  NO

Yes (QCAA Application)	No (School Application)
4. Has additional documentation been sought to apply for AARA: - School Statement - Student Statement - Medical Report - Evidence of verified disability - Other evidence 5. Date of upload to QCAA portal for approval: _____ 6. Has the student been granted AARA Provisions? YES <input type="checkbox"/> NO <input type="checkbox"/> 7. What provisions have been granted? _____ 8. What duration have these been granted for? _____ 9. Has e-mail been sent to teachers/HOD's? YES <input type="checkbox"/> NO <input type="checkbox"/> 10. Has AARA been recorded on OneSchool and in AARA tracking spreadsheet? YES <input type="checkbox"/> NO <input type="checkbox"/>	4. Has the student been granted AARA provisions? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. What provisions have been granted? _____ 6. What duration have these been granted for? _____ 7. Has e-mail been sent to teachers/HOD's? YES <input type="checkbox"/> NO <input type="checkbox"/> 8. Has AARA been recorded on OneSchool and in AARA tracking spreadsheet? YES <input type="checkbox"/> NO <input type="checkbox"/>

Date application concluded: \_\_\_\_\_ Actioned by: \_\_\_\_\_