

SHALOM COLLEGE AARA APPLICATION FORM

This form must be completed by all students and parents wishing to apply for AARA and must include required documentation.

STUDENT NAME:	YEAR	PC
	11 / 12	

Reason for Application (select from the reasons below):	
<input type="checkbox"/> Access extension for assessment instrument/s <input type="checkbox"/> Absence from a scheduled exam	<input type="checkbox"/> Access arrangement and/or reasonable adjustment for student with disabilities

Eligibility criteria (select from the conditions and categories below):			
Timeframe	Category		
<input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent <input type="checkbox"/> Permanent	<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Other _____ (College approved)	<input type="checkbox"/> Sensory <input type="checkbox"/> Social/Emotional*	<input type="checkbox"/> Illness & Misadventure <input type="checkbox"/> Bereavement

SUBJECT	ASSESSMENT ITEM/S	TEACHER	LAC

DOCUMENTATION REQUIRED (Tick what evidence provided with application)
<input type="checkbox"/> *Medical report (see below) <input type="checkbox"/> EAP verification/ <input type="checkbox"/> School Report <input type="checkbox"/> Illness & Misadventure (police report, witness statement, agency report, medical certificate, Statutory Declaration) Please specify: _____ <input type="checkbox"/> Documentation related to College approved event * Medical reports need to be dated within 18 months of the assessment. Social/Emotional reports must be dated within 6 months of assessment.

MEDICAL REPORT - Registered GP, specialist or psychologist is to complete medical report; the practitioner must not be related to student. The QCAA "Confidential medical report" is included in this information package.

Medical report/certificate attached to application must provide the following 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
- information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment
- Professional recommendations regarding possible access arrangement or adjustment (see over page for examples).

Signatures:	
STUDENT	PARENT/GUARDIAN
Date:	Date:
SENIOR SCHOOL COORDINATOR	LEU COORDINATOR (if applicable)
Date:	Date:

OFFICE USE ONLY

Documentation process:

- Relevant documentation attached to application
- Separate school statement attached
- Application uploaded to QCAA Portal Date: _____
- Application saved in AARA Folder on N drive
- AARA application/decision filed in student record

Communicate decision outcome to:

- Parent / Student
- Teachers / LAC / House Coordinator
- TASS administrator
- LEU – update Google Spreadsheet

AARA approved: Yes or No

**APPROVED AARA
INFORMATION**

AARA APPLIES:

FROM:

TO:

ADDITIONAL NOTES:

Further information about AARA can be found in the QCAA's guidelines as stated in the Queensland Curriculum & Assessment Authority (QCAA)'s [QCE & QCIA Policy and Procedures Handbook v1.2: 6 Access arrangements and reasonable adjustments \(AARA\)](#).