

Application for AARA (Access Arrangements and Reasonable Adjustments)

YEAR 11-12

Please refer to Wellington Point State High School’s Assessment Policy

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

Medical/supporting documentation required.

How to use this form:

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| **Step 1**  Fill in form, save and attach it along with:   * QCAA Medical Report and/or other supporting documentation   **Note: Complete a new form for each subject** | **Step 2**  Email form and supporting documentation to: [admin@wellingtonpointshs.eq.edu.au](mailto:admin@wellingtonpointshs.eq.edu.au)  Note in the subject line of the email  **AARA Request – {Student’s Name}, {Year Level}, {Subject}** | **Step 3**  Alternatively, you can submit your application in person by printing your form and deliver it along with any supporting documentation to the Admin Office at Wellington Point State High School |

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| AARA are planned and negotiated as early as possible so that eligible students are supported appropriately to participate in, and complete the requirements for, a course of study and assessment. | | | |
| Full Name: Click or tap here to enter text. | | Welfare Class: Click or tap here to enter text. | |
| Date of Birth: Click or tap here to enter text. | | Year Level: Choose an item. | |
| Application Date: Click or tap to enter a date. | | | |
| Subject: Click or tap here to enter text. | | Teacher: Click or tap here to enter text. | |
| Assessment Item: Choose an item. Due Date: Click or tap to enter a date. | | | |
| ***Which AARA category do you wish to apply for?*** | | | |
| AARA Category  *(Please tick)* | Documentation Required  **\*\*\*Please see over page for documentation requirements\*\*\*** | | Documentation Provided  *(Please choose from dropdown box)* |
| **Cognitive**  (eg. Intellectual disability; learning disorder) | * QCAA Medical report * School statement | | YES/NO |
| **Physical**  (eg. Physical injury or disability) | * QCAA Medical report *or* * EAP verification covering Unit 3 and 4 assessments * School Statement | | YES/NO |
| **Sensory**  (eg. Autistic Spectrum Disorders) | * QCAA Medical report *or* * EAP verification covering Unit 3 and 4 assessments * School statement | | YES/NO |
| **Social/Emotional**  (eg. Anxiety, depression) | * QCAA Medical report *or* * EAP verification covering Unit 3 and 4 assessments * School statement | | YES/NO |
| **Illness and/or Misadventure**  (eg. Sickness; accident; unexpected event) | * QCAA Medical report *or* * Supporting Documentation (other) | | YES/NO |
| **Please briefly describe the situation that is impacting your child’s learning:**  Click or tap here to enter text. | | | |
| **Parent Name:**  Click or tap here to enter text. | | **Parent email:**  Click or tap here to enter text. | |
| **Parent Signature:** | | **Student Signature:** | |
| Office Use Only | | | |
| Completed by (GO): Click or tap here to enter name | | Approved: YES/NO | |
| Details: Click or tap here to enter text. | | | |
| Parent, student, HOD informed of decision (in writing) YES/NO | | AARA recorded on OS YES/NO | |
| QCAA approved YES/NO | |  | |

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| **Supporting Documentation**  **Please note: supporting documentation must be included with your AARA application for consideration of submission as per QCAA guidelines.** |
| **Medical report:**  To make an informed decision about an AARA application, the QCAA requires a medical report that includes the following details:   * the illness, condition or event (including details of a diagnosis, where applicable) * date of onset or occurrence of the disability; illness and/or medical condition (must cover date of assessment) * symptoms, treatment or course of action related to the medical condition or event * explanation of the probable effect of the illness, condition or event on the student’s participation in the assessment, particularly timed assessment when considering timed assessment * professional recommendations regarding AARA   The QCAA Medical Report Template can be found by clicking the below link:  [**https://www.qcaa.qld.edu.au/senior/assessment/aara/apply-for-aara**](https://www.qcaa.qld.edu.au/senior/assessment/aara/apply-for-aara) |
| The medical report must be completed by a relevant practitioner who is a general practitioner (GP), medical specialist, or psychologist (registered under Queensland’s *Medical Practitioners Registration Act 2001* and/or Queensland’s *Psychologists Registration Act* 2001), and who is not related to the student or employed by the school. |
| **Non-Medical Supporting Documentation:**   * for non-medical claims, must be written evidence from a relevant independent professional or other independent third party, such as a witness or police report * Supporting documentation must cover the date of the assessment for which the application is made |