

Yr 10-12 Student AARA Application

Access arrangements and reasonable adjustments (AARA)

A student may complete this statement as part of an application for AARA. The information provided needs to be current and relate to the relevant assessment period.

Information provided in this statement is treated in the strictest confidence and is only used for the purpose of determining the AARA application.

Fill out all fields and sign the last page. Medical documentation is required to support the AARA.

Student details				
Student name:		Year:		
School:	Pacific Pines State High	LUI:		
Subject/s:		Due Date/s		
If short term: (Please circle)	Draft	Final	Exam Absence	Other
If long Term: (Please circle)	Cognitive	Physical	Sensory	Social/Emotional

Tell us about your disability, impairment, medical condition or circumstance.

- Vision impairment please list
- Intellectual Disability
- Autism Spectrum Disorder
- Speech and Language Impairment
- Hearing impairment
- Physical impairment please list
- Medical condition please list.....
- Mental health condition please list
- Illness please list
- Learning Disorder
- Other e.g. attending funeral, accident, short term illness or physical injury (please outline in the comment section below)

Please comment if required

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The information you provide on this form will be used for access arrangements and reasonable adjustments (AARA), which are designed to assist students with disability, impairment, medical conditions or other circumstances that may be a barrier to their performance in assessment. These procedures for these arrangements and adjustments are set out in the *QCE and QCIA policy and procedures handbook 2019 v1.0*. Personal information will be accessed by authorised QCAA staff and handled in accordance with the *Information Privacy Act 2009*. Information held by the QCAA is subject to the *Right to Information Act 2009*.

HOW DOES THIS AFFECT YOU IN THE CLASSROOM?

- Inability to sit exam or submit draft/final assessment at nominated time due to illness and or misadventure
- Inability to write due to physical injury
- Inability to complete written exam within nominated time
- Inability to complete assessment without rest/movement breaks
- Inability to complete exams without adult support to maintain focus and redirect if required
- Inability to present oral presentations to a large group of students
- Inability to read standard format of exam due to vision impairment
- Inability to sit exams without changes to physical environment and without physical equipment
- Inability to complete exams without additional time for medical management e.g. diabetes
- Other – please outline in the comment section below

Please comment if required

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HOW DOES IT AFFECT YOU IN ASSESSMENT?

- Difficulties with attention/concentration
- Difficulties with writing and fine motor tasks
- Difficulties with mobility
- Difficulties with written language and expression
- Difficulties with reading
- Difficulties with numeracy
- Difficulties with anxiety and mental health
- Difficulties accessing curriculum due to vision
- Difficulties accessing the curriculum due to hearing
- Difficulties accessing the curriculum due to learning disorder
- Difficulties accessing the curriculum due to short term illness/injury

Please comment if required

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WHAT ADJUSTMENTS ARE YOU APPLYING FOR?

- Extension to the due date for submission or completion of an assessment piece
- Additional time (10 mins per hour) for exams
- Varied seating – single student supervision
- Varied seating – small group supervision
- Varied seating – preferential seating within the classroom
- Alternative format paper – enlarged print or braille
- Teacher assistance – provide support and reassurance and prompts to start and continue
- Teacher assistance with manipulation of equipment and other practical tasks
- Assistive technology – e.g C-pen, speech to text application
- Diabetes management – bite size food, BG monitoring equipment, additional time to manage aspects of this condition
- Rest breaks (5 mins per hour) taken at any time during the assessment
- Access to toilet
- Assistive technology e.g amplification system, speech to text application, magnification application
- Bite-sized food in clear container
- Comparable assessment administered on a different date
- Computer with approved software
- Drink in a clear bottle (other than water) for medical purposes
- Individual instructions
- Medication that has been prescribed and is in a clear container
- Physical equipment and environment e.g. specialised desk or chair, cushion, crutches, heat or cold pack, towel, lighting, ventilation, temperature, other physical aid
- Reader
- Scribe
- Vision aids e.g different lighting, coloured transparency overlay, other vision aids
- Other – based on the functional impact of a student’s condition

Please comment if required

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Student signature:

Date: / /

Parent/carer signature (if student is under 18):

Date: / /

Electronic signature: If this document is completed electronically, by completing the fields above and inserting the signatory’s name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*.