**Access Arrangements and Reasonable Adjustments Application Form (AARA)**

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| --- |
| Granting of AARA is at the discretion of the QCAA, Principal, or Principal’s delegate and approved only:* When the student successfully meets eligibility criteria;

AND* The student’s circumstance provides a barrier for eligible students to demonstrate their knowledge and skills in their assessment.
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**Date of application:** Click or tap to enter a date.

**Student’s Name:** Click or tap here to enter text. **Roll Class:** Click or tap here to enter text.

**Subject:** Click or tap here to enter text. **Teacher:** Click or tap here to enter text.

**Reason for application:** Choose an item.

**Eligibility criteria** (select from the conditions and categories below)**:**

|  |  |
| --- | --- |
| **Time-frame of condition** | **Category** |
| [ ]  temporary[ ]  intermittent [ ]  permanent | [ ]  Cognitive [ ]  Physical[ ]  Sensory[ ]  Social/emotional[ ]  Illness [ ]  Bereavement[ ]  Misadventure ☐ Other |

**Statement explaining reason for application:** Click or tap here to enter text.

**Supporting evidence (***please attach to application***):** Choose an item.

**Parent Acknowledgement**

I have discussed the grounds for this application with my child and I support the request for additional support for my student. I acknowledge that this is merely a request only and is subject to approval from the Principal (or delegate) in line with school and Queensland Curriculum and Assessment Authority policies and procedures.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Submission**

* Applications can be submitted in person and delivered to the front office at Rochedale State High School.
* Applications can be submitted electronically to assessment@rochedaleshs.eq.edu.au.

**This section to be completed by the Head of Department**

I am satisfied that this application meets the requirements as set down in the school Assessment and AARA policy:

 **Yes** [ ]  **No** [ ]

I have checked class progress and the notes and/or draft completed by the student:

 **Yes** [ ]  **No** [ ]

I am happy to support this application: **Yes ☐ No ☐**

Comments:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section to be completed by Principal or Principal’s Delegate (Guidance Officer or Deputy Principal)**

**Approved: Yes** [ ]  **No** [ ] Date entered on One school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**Principal or delegate signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**