



## Bray Park State High School

### Access Arrangements and Reasonable Adjustments (AARA) Principal Approved Application

The QCAA recognises that some students may have disability impairment and/or medical conditions, or experience other circumstances that may be a barrier to their performance in assessment. Access arrangements and reasonable adjustments (AARA) are designed to assist these students. AARA are provided to minimise, as much as possible, barriers for a student whose disability, impairment, medical condition or other circumstances may affect their ability to read, respond to or participate in assessment.

Please refer to Bray Park State High School's Assessment Policy prior to the submission of an AARA application. Application is to be received a minimum of 2 weeks before the assessment due date, where possible.

Student Details			
Name:		House Group:	
Date:		LUI:	

**Period of AARA** *Please indicate*       Unit 1       Unit 2       Unit 3       Unit 4

**AARA eligibility details** *Please indicate and briefly describe the disability, condition or circumstance*

Time-frame	Category	Examples	Details
<input type="checkbox"/> Temporary	<input type="checkbox"/> Illness /misadventure	unforeseen circumstances/ unexpected event, injury or diagnosed illness, bereavement, trauma	

#### Medical report

- Must be completed by a relevant practitioner who is a general practitioner (GP), or medical specialist (registered under Queensland's *Medical Practitioners Registration Act 2001*), and who is not related to the student or employed by the school, that provides:
  - 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

<b>Unit 1: Subject</b>	<b>Teacher + HOD</b>	<b>Assessment due date</b>	<b>Requested extension date</b>	<b>Description of task</b>

<b>Unit 2: Subject</b>	<b>Teacher + HOD</b>	<b>Assessment due date</b>	<b>Requested extension date</b>	<b>Description of task</b>

<b>Unit 3: Subject</b>	<b>Teacher + HOD</b>	<b>Assessment due date</b>	<b>Requested extension date</b>	<b>Description of task</b>

Unit 4: Subject	Teacher + HOD	Assessment due date	Requested extension date	Description of task

**Student statement**

Describe how the disability, impairment, medical conditions or other circumstance is a barrier to your access to the assessment and/or ability to communicate a response to assessment
Comment on how the disability, impairment, medical conditions or other circumstance affects your daily functioning in the classroom
Detail what kind of arrangements or adjustments enable you to complete assessment

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Parent name: \_\_\_\_\_

In signing this I give my consent for relevant information to be shared with the Queensland Curriculum and Assessment Authority (QCAA) in order to process this application.

**Office Use Only**

AARA approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of AARA approved (including amended dates for submission)	
Reason for refusal:	<input type="checkbox"/> Parent informed <input type="checkbox"/> Contact recorded
Signature of Principal's delegate:	Date:

<b>Checklist</b>	
<input type="checkbox"/>	Confirmation email completed (sent to student, parent/carer, teacher, HOD)
<input type="checkbox"/>	OneSchool AARA support provision recorded
<input type="checkbox"/>	Submission/notification to QCAA via portal