



NOOSA DISTRICT STATE HIGH SCHOOL

Access Arrangements and Reasonable Adjustments

AARA Application form – Years 7 - 12

Complete this form if you have a diagnosed disability or have experienced personal injury, chronic illness, impairment, grief, loss or trauma which may be a barrier to your participation and/or performance in assessment.

AARAs are reviewed annually and will require a new verification each year.

Instructions

1. Student and Parent/Carer to complete **Section A** and submit application to the Guidance Officer
2. Guidance Officer or Head of Diverse Learners to complete **Section B**. Guidance Officer to forward the application to the Principal or Principal’s Delegate for review.
3. Guidance Officer in consultation with the Principal or Principal’s Delegate to complete **Section C**.
4. Guidance Officer to complete **Section D**. Notification of all parties involved. OneSchool entry. File original application.
5. Senior School Deputy Principal informed when QCAA reporting and approval is complete.

SECTION A

| Student Name | Year level | USI |
|--------------|------------|-----|
| | | |

| | |
|---|--|
| Applicable assessment item/s and/or Period of time | |
|---|--|

STUDENT STATEMENT

1. I have (please tick where relevant)
 - A verified learning, sensory, physical, psychological or other disability or disorder
 - A long term or recurrent medical or psychiatric condition or disability
 - A serious, short term medical or psychiatric condition
 - Experienced recent significant grief, loss or trauma
2. Name of my condition, disability or significant event causing grief, loss or trauma:

3. The school is already aware of my condition, disability or significant event.
 - Yes No Unsure
 If yes, who is aware:

SUPPORTING EVIDENCE

- Only applications with supporting evidence will be considered. Tick where evidence is supplied:
- Current verified disability as listed in OneSchool with endorsed Educational Adjustments Plan (EAP).
 - Medical report from a general practitioner, medical specialist or psychiatrist who is not related to me. The QCAA Medical Report Template must be used for **Year 11 and 12 students**. This includes illness and misadventure. Available for download from the school website.
QCAA FORMS\Confidential Medical report.docx
 - A funeral notice demonstrating impact on the due dates. A statutory declaration must be included if the students name is not included in the funeral notice or if a funeral notice is not available.
 - At third party signed statement (not the student/parent/carers) stating the nature of the event and how the event and subsequent grief, loss or trauma affects the student participating in assessment.
 - Student statement using the QCAA template. Available for download from the school website.
QCAA FORMS\Confidential student statement.docx
 - Other, please specify:

Student Signature: _____ Date: _____

Parent/Carer Name: _____ Signature : _____ Date : _____

SECTION B

Application received: ____ / ____ / ____

Completed AARA School statement template attached. (Confidential)

QCAA FORMS\Confidential school statement.docx

Interview with the student and parent/carer. Date of interview: ____ / ____ / ____

This application will impact on assessment in:

- General/Applied Subjects Units 1 and/or 2
- General/Applied Subjects Units 3 and 4
- Short Courses
- VET Qualifications
- Australian Curriculum Subjects

This will also require:

- Principal Report to QCAA via the portal
- QCAA Application for approval via the portal
- Reasonable adjustment recorded on VET evidence gathering tool

SECTION C

SCHOOL DECISION

NOTE: NDSHS is unable to make the final decision when the AARA impacts General Subjects in Units 3 and 4 where QCAA approval is required.

Supported Expiry/Review date: ____ / ____ / ____

Not supported Reason:

AARA DETAILS

Readers / speech to text

Assistive technology

Time allowed – 5 min per 30 min

Diabetes management

The mode eg. audience / alternative presentation

Font size and colours

Physical environment

Scheduling eg. Rest breaks / session break up

SECTION D - OFFICE USE

Regardless of the outcome the following are to be notified via email:

Student

Parent/Carer

Teachers

ONESCHOOL ENTRY

SUPPORTED

- Documented as 'Support/Support Provision'

Provision Name: AARA

Provision Type: School

Provision Target Area: Curriculum

Contact Person: Person who made the decision

Contributors: All involved in considering the information

Not Restricted

Upload application and attach to Support Provision

Verifying evidence saved under Support/Referral

Report with restriction Level 1 or 2 depending on potential sensitive nature of information

NOT SUPPORTED

- Documented as 'Contact'

OneSchool entry complete

Original application in student file

Reported to QCAA (if applicable)

QCAA Approval (if applicable)

Deputy Principal Signature:

Date:

