



# Year 11-12 Access Arrangements & Reasonable Adjustments

## Application Summary Coversheet

Complete this form to apply for Access Arrangements and Reasonable Adjustments (AARA) if you have a diagnosed disability or have experienced personal injury, chronic illness, impairment, grief, loss or trauma that may affect your ability to read, respond to and participate in assessment.

Attached to AARA Application Summary Coversheet relevant supporting documentation including:

1. QCAA Confidential Medical Report
2. QCAA Confidential Student Statement
3. Other relevant supporting documentation (e.g. funeral notice, police report, specialist reports, etc.)

Submit application to either: [AARA@caloundrashs.eq.edu.au](mailto:AARA@caloundrashs.eq.edu.au) OR School Office (hardcopy)

STUDENT TO COMPLETE			
Student Name	Year Level	Application Date	
	11      12		
BARRIER CATEGORY			
Tick <i>ONE</i> that are relevant: <input type="checkbox"/> Permanent/Long Term <input type="checkbox"/> Temporary/Short Term <input type="checkbox"/> Intermittent/Episodic		Tick all that are relevant: <input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Illness <input type="checkbox"/> Misadventure <input type="checkbox"/> Unforeseen circumstances where the student has no control, e.g. accident, death of a family member	
ADDITIONAL AARA DETAILS		SUPPORTING EVIDENCE	
		<input type="checkbox"/> QCAA Confidential Medical Report <b>AND/OR</b> <input type="checkbox"/> QCAA Confidential Student Statement <b>AND/OR</b> <input type="checkbox"/> Other relevant supporting documentation (e.g. funeral notice, police report, specialist reports, third party signed statement (e.g. from parent/carer)	
SUBJECTS/ASSESSMENT REQUIRING AARA			
Subject	Teacher	Assessment Type	Due Date
Student Signature:		Parent/Carer Signature:	
Date:		Date:	

OFFICE USE	
Application Received:	<b>AARA Type</b> <input type="checkbox"/> Principal Received <input type="checkbox"/> QCAA-approved
Guidance Officer Signature:	Date: