**** **Craigslea State High School**

 **Access Arrangements and Reasonable Adjustments**

**Long Term (AARA) Application form**

**Return via email to** AARA@craigsleashs.eq.edu.au

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.

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| --- |
| **Student Details** |
| Name: | Click or tap here to enter text. | Roll Class: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. | LUI: |  |

**Period of AARA** [ ] Unit 1 [ ] Unit 2

**AARA eligibility details**

|  |  |  |  |
| --- | --- | --- | --- |
| Time-frame | Category | Examples | Details |
| [ ]  Permanent[ ]  Temporary[ ]  Intermittent | [ ]  Cognitive | Specific Learning Disability, ADD/ADHD, Executive Functioning Disorders, Intellectual Disability | *Please indicate and briefly describe the disability, condition or circumstance:*  |
| [ ]  Physical | Diabetes, Cerebral Palsy, Epilepsy |
| [ ]  Sensory | Hearing/Visual Impairment |
| [ ]  Social/Emotional | Anxiety, Depression, ODD, OCD |

**Documentation**

* Evidence of Long-Term Adjustments Yr 7-10

and/or

* Medical report that includes:
* 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
* information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment
* professional recommendations regarding AARA.

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| --- | --- | --- | --- |
| **Unit 1 and 2: Subject** | **Teacher + HoD** | **Unit 1 and 2: Subject** | **Teacher + HoD** |
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**AARA requests**

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| **Adjustments – Principal approved** |
| [ ]  Use Of Computer[ ]  A Reader[ ]  Noise Cancelling Headphones (Tech Free) [ ]  A Scribe[ ]  Alternative Format Paper Choose an item.[ ]  Assistance (Supervisor Using Student Name To Support & Reassure,  Prompt Start Or Continuation Of Assessment Task Or  Teacher Aide To Manipulate Equipment)[ ]  Assistive Technology Choose an item.[ ]  Extra Time[ ]  Rest Breaks | [ ]  Bite-Size Food[ ]  Drink (other than water)[ ]  Diabetes Management[ ]  Individual Instruction Choose an item.[ ]  Medication[ ]  Physical Equipment Or Environment Choose an item.[ ]  Varied Seating Choose an item.[ ]  Vision Aids Choose an item.[ ]  Discretionary Extensions (this is not for absences from examinations – that is a Short Term ARRA application)  |

**Student statement**

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| **Tell us about your disability, impairment, medical condition or circumstance** **How does this affect you in the classroom?** |
| Click or tap here to enter text. |
| **How does it affect you in assessment?****What adjustments have helped?****How have they helped?** |
| Click or tap here to enter text. |

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.*

School-appointed AARA Assessor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*Please Note: Students are not required to use all of the approved arrangements — they may use all, some or none of them.* ***Students must confirm*** *with their classroom teacher or assessment coordinator* ***before*** *the assessment day to ensure that their requested AARA is organised for* ***each*** *assessment.*