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

**Access Arrangements and Reasonable Adjustments**

**Long Term (AARA) Application form**

**Return via email to** [AARA@craigsleashs.eq.edu.au](mailto: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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |
| --- |
| **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.*