

AARA - APPLICATION FORM - YEAR 10 - YEAR 12

STUDENT NAME:	LUI (IF KNOWN):	YEAR LEVEL:

Complete this form if you have an *'existing long-term condition'*, *'temporary medical condition or injury'* or have experienced grief, loss or trauma which may be a barrier to your participation and/or performance in accessing assessment.

- When completed, please submit to *AARA Applications Manager*, with relevant supporting documentation. Your application will be considered and actioned (where applicable).
- For Year 11 & Year 12 applications; NLSC does not necessarily have the capability to make a *final* decision. Applications are submitted to the Queensland Curriculum and Assessment Authority (QCAA) for consideration and approval.
- AARAs, if approved, are for a set period of time and you are therefore required to reapply at specific junctures (e.g. The start of a school year, start of a Unit, etc).

PART A: STUDENT STATEMENT

1. I have (please tick the relevant box/boxes)

- A verified disability
- A long term illness, chronic medical condition
- A serious, short term medical or psychiatric condition
- Experienced recent and/or significant grief, loss or trauma
- Regional, State or National Representation (Sport etc.)

2. Name/Details of my situation, condition, disability or significant event causing grief, loss or trauma:

3. The school is aware of my condition, disability or significant event.

- Yes - Details including who is aware _____
- No
- Unsure

PART B: SUPPORTING EVIDENCE

Supporting Evidence for Year 10

- Evidence of Verified Disability (EAP document or equivalent)
- Letter from GP or Specialist
- Medical Certificate
- Results for Standardised Academic Testing (NAPLAN etc.)
- Support Provisions* records
- Personalised Learning* summaries
- Police Reports, Official Notices etc.
- Regional, State or National Representation (Sport) – Approved Letter

Supporting Evidence for Year 11 & 12

- QCAA School Statement
- QCAA Student Statement
- QCAA Medical Report
- Evidence of Verified Disability (EAP document or equivalent)
- Medical Certificate
- Results for Standardised Academic Testing (NAPLAN etc.)
- Support Provisions* records
- Personalised Learning* summaries
- Police Reports, Official Notices etc.
- Regional, State or National Representation (Sport) – Approved Letter

**Provided documentation, must be current, in accordance with QCAA recommendations*

PART C: DETAILS OF AARA REQUESTED (Please refer to page 3 for an explanation of the below adjustments)

- | | |
|--|---|
| <input type="checkbox"/> Alternate Format Papers
<input type="checkbox"/> Assistance
<input type="checkbox"/> Assistive Technology
<input type="checkbox"/> Bite Sized Food
<input type="checkbox"/> Comparable Assessment
<input type="checkbox"/> Computer
<input type="checkbox"/> Drink
<input type="checkbox"/> Diabetes Management
<input type="checkbox"/> Extension
<input type="checkbox"/> Extra Time | <input type="checkbox"/> Individual Instructions
<input type="checkbox"/> Medication
<input type="checkbox"/> Physical Equipment & Environment
<input type="checkbox"/> Reader
<input type="checkbox"/> Rest Breaks
<input type="checkbox"/> Scribe
<input type="checkbox"/> Varied Seating
<input type="checkbox"/> Variation to Venue
<input type="checkbox"/> Vision Aids
<input type="checkbox"/> Spoken Presentations |
|--|---|

Details: Provide specific details about the subjects and tasks affected by the application

PART D: ACKNOWLEDGEMENT OF SUBMISSION

STUDENT'S SIGNATURE		DATE	
PARENT'S SIGNATURE		DATE	
HOD/DP SIGNATURE		DATE	

OFFICE USE

Application Received Via: <input type="checkbox"/> Email <input type="checkbox"/> Hard-copy <input type="checkbox"/> Other	DATE RECEIVED	
--	---------------	--

SCHOOL DECISION NOTE:

NORTH LAKES STATE COLLEGE IS UNABLE TO MAKE THE FINAL DECISION WHEN THE AARA IMPACTS GENERAL SUBJECTS (UNIT 3 & 4) AND REQUIRES QCAA APPROVAL

<input type="checkbox"/> SUPPORTED for Year/Unit _____	<input type="checkbox"/> NOT SUPPORTED
--	---

NOTIFICATION/DOCUMENTATION

IF SUPPORTED:

Documented under the creation of a *Support Provision* in One-School.

- Provision Name - AARA.
- Provision Type - School.
- Provision Target Area - Curriculum.
- Contact Person - Relevant Staff.
- Contributors - All Staff Involved.
- Not Restricted (unless appropriate).
- Application scanned and attached to support provision.
- Verified evidence saved under Support/Referral and Report with Restriction Level 1 or 2 depending on sensitive nature of information.
- Staff are to complete the *Assessment Adjustment Sheet* to record supported adjustments.
- Staff **MUST** attach the *Assessment Adjustment Sheet* to the student's assessment task, and include in the folio of work.

IF NOT SUPPORTED:

Documented as "contact" in one-school with application form attached.



POSSIBLE AARA ADJUSTMENTS

Type of Adjustment	Explanation/Example
Alternate Format Papers	<ul style="list-style-type: none"> • Braille • A4 to A3 enlargement • Electronic format • Large print papers • Black-and-white materials
Assistance	<ul style="list-style-type: none"> • Teacher aide assisting with manipulation of equipment and other practical tasks • A supervisor using the student's name in reading assessment instructions, providing support and reassurance, and prompting the student to start or continue writing/undertaking the assessment task
Assistive Technology	<ul style="list-style-type: none"> • Amplification system • Speech recognition application • Magnification application • Screen readers • Scanning pens • Accessible hardware
Bite-sized food	The student may take a sufficient quantity of bite-sized food in a clear container into the assessment room
Comparable assessment	Typically used when a student is absent for an exam - An alternative comparable exam that has not previously been administered to students in the subject cohort may be administered on a different date
Computer	Desktop computer, laptop or tablet device with an approved software application
Drink	Allowing a drink other than water — that is required for a medical reason by the student — in the assessment room in a clear, unlabelled bottle
Diabetes Management	<ul style="list-style-type: none"> • Bite-sized food • Drink • Blood-glucose monitoring equipment • Rest breaks to eat, measure blood-glucose level or access toilet facilities • Medication • Varied seating and rest time for the practical aspects of managing the condition
Extension	An extension to the due date for submission or completion of an assignment
Extra time	Additional working time at the rate of five minutes per half hour of exams
Individual Instructions	<ul style="list-style-type: none"> • AUSLAN interpreter for instructions • A clean, unannotated copy of the written instructions
Medication	Prescribed medication may be taken into the assessment room in a clear container
Physical Equipment and environment	<ul style="list-style-type: none"> • Specialised desk or chair • Cushion or pillow • Crutches • Heat or cold pack • Towel • Lighting
Reader	A reader who reads the assessment or the student's response aloud as often as the student requests
Rest breaks	Time to stop interacting with the test to manage condition or disability at the rate of five minutes per half hour of exam time, taken at any time during the exam
Scribe	Work with someone who transcribes the student's verbal response or directions during the assessment
Varied Seating	<ul style="list-style-type: none"> • Single student supervision (separate from the main assessment room at the same assessment venue, e.g. if using a reader) • Small group supervision (separate from the main assessment room at the same assessment venue, e.g. the group of students needs rest breaks) • Seated at the back, front or side of the main assessment room, e.g. a student with a back injury is seated at the back so that they can stand periodically
Variations to venue	Changes to the assessment venue – generally a different school campus
Vision aids	<ul style="list-style-type: none"> • Coloured transparency overlay • Different lighting • Magnification devices