

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

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

- Email Hard-copy 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

- SUPPORTED** for Year/Unit _____ **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.