



TRINITY BAY STATE HIGH SCHOOL

Application Form for Access Arrangements and Reasonable Adjustments (AARA) For Year 10, 11 and 12 students

AARA are provided to minimise barriers for a student whose disability, impairment, medical condition or other circumstances may affect their ability to read, respond to or participate in assessment. Students are not eligible for AARA on the following grounds:

- Unfamiliarity with the English language
- Teacher absence or other teacher-related difficulties
- Matters the student could have avoided (e.g. misreading the exam timetable or instructions)
- Matters of the student's or parent's/carer's own choosing (e.g. family holiday or sporting events)

Name			
Year level		DOB	
Subject		Teacher	
Signed by student		Date	
What assessment is AARA required for?			
Assessment due date			
Why is the AARA required?	<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Sensory	<input type="checkbox"/> Illness and Misadventure <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Other (e.g. Cultural/ personal)	
Further clarifying details			
Supporting documentation provided	<input type="checkbox"/> Medical Report/Certificate <input type="checkbox"/> NCCD – diagnosed disability/imputed <input type="checkbox"/> Student Statement <input type="checkbox"/> School Statement <input type="checkbox"/> Police Reports/Official notices <input type="checkbox"/> Written evidence from an independent professional/third party		
AARA requested (see Page 71-756 of QCE/QCIA Handbook for detailed list of AARA)	<input type="checkbox"/> Alternative 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 and 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	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Signed by Principal's Delegate		Details	
Copy of Application	<input type="checkbox"/> Student and Parent/caregiver <input type="checkbox"/> Teachers/HoDs		