



Confidential Medical Report

To accompany your application for Long-Term AARA, you must also complete and submit a Confidential Medical Report (template attached) in accordance with the guidelines below.

Confidential Medical Report Requirements

Confidential Medical Reports must be completed by a medical practitioner, general practitioner, paediatrician, psychologist, or other relevant allied health provider who is not related to the student or employed by the school. The report must also adhere to the guidelines listed in the table below.

It is strongly recommended that the attached template is used to complete this report, however, if your medical practitioner would prefer to use their own, please ensure that the following information is included to support the College in processing your application:

- 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, (including both assignments and timed assessment); and
- Professional recommendations regarding AARA.

Supporting Documentation Requirements

Medical Report or Certificate Requirements for AARA	
Long-term conditions	Report must be dated no earlier than 1 January, Year 10; or Current EAP verification covering Units 3 and 4. <i>Where a diagnosis has been made before Year 10, only an update is required.</i>

Please sign on page 4 to complete your application form.



ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS

Confidential Medical Report

(Long-Term and Short-Term AARA)

To be completed by a general practitioner (GP), medical practitioner, paediatrician, psychologist (registered under the Health Practitioner Regulation Act 2010), or other relevant allied health provider who is not related to the student or employed by the school.

Diagnosis			
Date of Diagnosis		Date of Occurrence/Onset	
Brief history of student's disability, impairment and/or medical condition (including relevant functional impact)			
Is the student currently receiving treatment? Please indicate.			
Effect of the disability, impairment and/or medical condition on student's daily functioning in the classroom			
Probable effect of this disability, impairment and/or medical condition on this student's capacity to complete timed assessment.			
Professional recommendations for assessment adjustments			
Completed by:	Profession:	Signature:	Date:
Place of Work:	Specialty/Qualifications (if applicable):	Practice stamp (if applicable):	
Registration number (required):		Phone/Contact details:	

Please attach further pages / documentation if required.



Privacy Statement

The Department of Education (the Department) is collecting the personal information on this form (i) in accordance with the Education (General Provisions) Act 2006 for the purpose of considering and assessing your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure, in order to support your child's education program, and (ii) to obtain lawful consent to disclose your child's personal information to the Queensland Curriculum and Assessment Authority (QCAA) in compliance with the Education (Queensland Curriculum and Assessment Authority) Act 2014 (QCAA Act) and the Education (Queensland Curriculum and Assessment Authority) Regulation 2014 (QCAA Regulation). The personal information in this form will be documented in OneSchool and will only be accessed by authorised Department staff. This information may be given to the QCAA in compliance with the QCAA Act and the QCAA Regulation for the purpose of the QCAA to consider and assess your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure.

The information collected on this form will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld) and this information will not be given to any other person or agency unless you have given the Department permission for the information to be disclosed or the Department is required by law to disclose it.

Consent Statement

I give my consent for the Department and the school to:

- Use the information in this form and all attached documents, including statements, notices and medical and police reports (together, the Confidential Information) to consider and assess the application for access arrangements and reasonable adjustments in examinations and assessments for my child, due to personal capacity circumstances or illness or misadventure;
- Disclose and provide the Confidential Information to the Queensland Curriculum and Assessment Authority (QCAA) in compliance with the Education (Queensland Curriculum and Assessment Authority) Act 2014 and the Education (Queensland Curriculum and Assessment Authority) Regulation 2014 for the purpose of the QCAA to consider and assess the application for access arrangements and reasonable adjustments in examinations and assessments for my child, due to personal capacity circumstances or illness or misadventure; and
- Document and store the Confidential Information in OneSchool and for the Confidential Information to be accessed by authorised Department staff.

Parent/Carer Name			
Parent/Carer Signature			
Student Signature			
Date Completed			
OFFICE USE ONLY			
Date Received		Date Processed	

Please return this application form and supporting documentation to Head of Special Education Services (HOSES).



ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS

School Statement – Long- and Short-Term AARA

Staff Member Details					
Guidance Officer		HOSSES		HOD Senior Schooling	
				HOD Middle School	
				Other: _____	
Teacher Code		Signature		Date	

Identify the disability, impairment, medical condition or circumstance affecting the student.	
Detail how the student's disability, impairment, medical condition, or circumstance affects their daily functioning in the classroom.	
Describe the persistent functional impact/s of the condition or circumstance in timed assessment AND provide relevant details of arrangements/adjustments the student has used previously to address those impact/s (and enable participation on the same basis as other students).	

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- Document and store the Confidential Information in OneSchool and for the Confidential Information to be accessed by authorised Department staff.

Parent/Carer Name		Parent/Carer Signature	
Student Signature		Date Completed	
OFFICE USE ONLY			
Date Received		Date Processed	



School Response

OFFICE USE ONLY

	Application NOT approved		
Staff Signature		Date	
	Documented as Contact on student's OneSchool profile	Date	
	Forms uploaded to Support Tab on Student's OneSchool profile	Date	

	Application APPROVED		
Details of approved AARA			
Staff Signature		Date	
	Application scanned and attached to Support Tab Reports on student's OneSchool profile - <i>Restricted to HOD and Above</i>	Date	
	Details of AARA are recorded on SharePoint spreadsheet for distribution to teaching staff	Date	
	Application entered into QCAA portal (<i>if required</i>)	Date	

Documenting Decision

To complete the AARA process, the relevant staff member must complete the following steps:

	Student notified of outcome via email	Date	
	Parent notified of outcome via email	Date	
	Teacher/s notified of outcome via email	Date	
	AARA Support Provision created on OneSchool including uploading support documentation.		
	Record on relevant AARA Spreadsheet on SharePoint.		

Document all communications with students and parents/carers on OneSchool under Contacts. Restrict to HOD and Above.