

# Access Arrangements and Reasonable Adjustments (AARA) **Short Term Application Form – Years 10-12**

Please return completed form to:
Guidance Officer (Mental Health)
Head of Department – Senior Secondary (Y11-12)
Head of Department – Middle Schooling (Y10)

Granting of AARA is at the discretion of the principal and approved only in specific circumstances. In most cases, provision of AARA in Units 3 & 4 (Year 12) must be approved by the Queensland Curriculum and Assessment Authority (QCAA). This form supports our College in processing your AARA application with QCAA.

**Note:** For short-term conditions, approved AARA will expire 6 months from the date of application.

Student Name:						
Date of Birth:	Year Level:					
Student Statemer	ent (Attach additional pages if required)					
<ul> <li>How does it affect</li> </ul>	Tell us about your disability, impairment, medical condition or circumstance.  How does it affect you in the classroom?					



## **Confidential Medical Report**

To accompany your application for Short-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.

Medical Report or Certificate Requirements for AARA					
Short-term conditions or temporary injuries	Internal Assessment Report must be dated within the preceding six months of internal assessment				
	External Assessment Report must be dated no earlier than 30 April in the year of external assessment				

Please sign on page 4 to complete your application form.



# Access Arrangements and Reasonable Adjustments (AARA) 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 Diag	Diagnosis			Date of 0	Occurrence/O	nset	
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 recommend assessment	ations fo						
Completed b	y:		Professio	n:	Signature	:	Date:
Place of Wor	·k:		Specialty	/Qualifications (if applicat	ole):	Practice stamp	o (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 Confidental Information to be accessed by authorised Department staff.

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

Please return this application form and supporting documentation to relevant staff member listed below:

- Guidance Officer (Mental Health)
- Head of Department Senior Schooling (Y11-12)
- Head of Department Middle Schooling (Y10)



# Access Arrangements and Reasonable Adjustments (AARA) School Statement – Long- and Short-Term AARA

Staff Member Details							
☐ Guidance Office	r 🗆 HOSES	□ ног	D Senior School	ling	☐ HOD Middle Schooli	ng 🗆 C	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).							

#### **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 Confidental Information to be accessed by authorised Department staff.

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



School Response							
	OFFICE USE ONLY						
	Application <b>n</b>	ot approved					
Staff	signature		Date				
	Documented	as Contact on student's OneSchool profile	Date				
	Forms upload profile	led to Support Tab on student's OneSchool	Date				
	Application <b>a</b>	pproved					
	Details of approved AARA						
Staff	signature		Date				
	Application scanned and attached to Support Tab Reports on student's OneSchool profile  Restricted to HOD and Above						
	Details of AARA teaching staff	A are recorded on SharePoint spreadsheet for dist	ribution to		Date		
	Application en		Date				
				<u>'</u>			
	Documenting Decision  To complete the AARA process, the relevant staff member must complete the following steps:						
	Student notified of outcome via email						
	Parent notified	d of outcome via email		Date:			
	Teacher/s notified of outcome via email						
	AARA Support Provision created on OneSchool including uploading support documentation.						
	Record on relevant AARA Spreadsheet on SharePoint.						

 $Document\ all\ communications\ with\ students\ and\ parents/carers\ on\ One School\ under\ Contacts.\ Restrict\ to\ HOD\ and\ Above.$