

**AARA**

**(Access Arrangements & Reasonable Adjustments)**

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| **Date:** | **Student Name:** | **PNX:**  |
| **SUBJECT/S**  | **ASSESSMENT ITEM/S** | **TEACHER** | **HOD** |
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| **AARA CATEGORY A: (Staff member to tick) →** | □ Temporary □ Intermittent □ Permanent  |
| **AARA CATEGORY B (Staff member to tick) ↓** | **DOCUMENTATION REQUIRED****(Student/family to tick what evidence provided with application) ↓** |
| □ Cognitive | □ \*Medical report (see below) *or*□ EAP verification |
| □ Physical | □ \*Medical report (see below) *or*□ EAP verification  |
| □ Sensory | □ \*Medical report (see below) *or*□ EAP verification  |
| □ Social/Emotional | □ \*Medical report (see below) *or*□ EAP verification  |
| □ Illness or Misadventure **(only to be used after all other AARA have been exhausted)** | □ \*Medical report (see below), *and/or*□ Misadventure could include police report, witness statement, agency report, official notice, etc. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\*MEDICAL REPORT**  |
| * Must be completed on the QCAA template (attached).
* Template must be completed by a **registered GP, specialist or psychologist.**
* Practitioner must not be related to the student.
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| **STUDENT STATEMENT (student to complete – parent or case manager may assist)** |
| * Must be completed on the QCAA template (attached).
* For disability, impairment and/or medical condition, please explain how this affects you in assessment.
* For illness or misadventure, please explain the impact that your illness or situation has/will have on your assessment.
* Please attach statement to your AARA application.
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| **STUDENT SIGNATURE AND DATE** | **PARENT/GUARDIAN SIGNATURE AND DATE** |
|   Date: |  Date: |
| **AARA OFFICERS SIGNATURES** |
| **HOD SENIOR SCHOOL / GUIDANCE OFFICER / DEPUTY PRINCIPAL SIGNATURE & DATE** |
|   Date: |
| **OFFICE USE ONLY** |
| AARA approved: □ Yes *or* □ No (see over page for details)  |
| □ Relevant documentation attached to application |
| □ Parent, Student, Teacher and HOD emailed outcome |
| Documents uploaded to: □ Merrimac T:\Senior Schooling\2022\AARA□ OneSchool □ QCAA Portal |

# Possible Access Arrangements and Reasonable Adjustments (AARA):

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| **AARA** | **Description of possible adjustments and assessments and/ or conditions**  | **AARA implemented**  |
| **Alternative Format Papers**(Principal reported /QCAA approved) | Examples; braille, A4 to A3 enlargement, electronic format, large print papers, black and white materials.  | **□** |
| **Assistance** (Principal reported/ QCAA approved) | Examples; a teacher aide assisting with manipulation of equipment and other practical tasks, a supervisor using the student’s name in reading assessment instructions, providing support/ reassurance, and prompting the student to start/ continue the assessment task.  | **□** |
| **Assistive Technology**(Principal reported/ QCAA approved) | Students may use assistive technology to complete assessment dependent on the nature and severity of the student’s impairment and the functional impact related to the assessment instrument. Examples; amplification system, speech recognition application, magnification application, screen readers, scanning pens and accessible hardware.  | **□** |
| **Bite-Sized Food** (Principal reported) | A sufficient quantity of bite-sized food in a clear container can be taken into the assessment.  | **□** |
| **Comparable Assessment** (QCAA approved) | An alternative comparable assessment may be administered on a different date. | **□** |
| **Computer**(Principal reported/ QCAA approved) | A computer or laptop with an approved software may be used in the assessment.  | **□** |
| **Drink** (Principal reported) | A drink other than water (that is required for a medical condition) in a clear bottle can be taken into the assessment.  | **□** |
| **Diabetes Management**(Principal reported) | Examples; bite-sized food, drink, blood-glucose monitoring, rest breaks, medication, varied seating and rest time.  | **□** |
| **Extension** (Principal reported) | An extension to the due date for submission or completion of an assessment.  | **□** |
| **Extra Time**(QCAA approved) | Additional working time at the rate of 5 mins per half hour of examination assessment time.  | **□** |
| **Individual Instructions** (Principal reported) | Examples; Auslan interpreter for instructions or a clean, unannotated copy of the written instructions.  | **□** |
| **Medications** (Principal reported)  | Prescribed medication may be taken into the assessment room in a clear container. | **□** |
| **Physical Equipment & Environment** (Principal reported)  | Examples; specialised desk or chair, cushion or pillow, crutches, heat or cold pack, towel, lighting, other physical aid.  | **□** |
| **Reader** (Principal reported/ QCAA approved) | A reader who reads the assessment or the student’s response aloud as often as the student requests.  | **□** |
| **Rest Breaks** (QCAA approved)  | Time to stop interacting with the assessment at the rate of 5 mins per half hour of examination time.  | **□** |
| **Scribe** (Principal reported/ QCAA approved) | Someone who transcribes the student’s verbal response or directions during the assessment.  | **□** |
| **Vision Aids** (Principal reported)  | Examples; coloured transparency overlay, different lighting, magnification devices, other aids.  | **□** |
| **Varied Seating** (Principal reported) | Examples; single student supervision in a different room, small group supervision in a different room, seated at the back/ front or side of the assessment room.  | **□** |
| **Variations to Venue** (Principal reported/ QCAA approved) | Changes to the assessment venue or room may be made due to severe weather conditions or incidents.  | **□** |
| **Other** | Other AARA may be required, based on the functional impact of a student’s condition. – Contact the QCAA for advice. | **□** |