



AARA – SHORT TERM

**Access Arrangements and Reasonable Adjustments
(AARA): Short Term**

Illness and Misadventure; Temporary Condition/Injury

APPLICATION PACK

Inside this pack:

- ✓ **Letter to Parent/Caregiver**
- ✓ **AARA Policies and Procedures**
- ✓ **AARA Application Form 1 - Parents to Complete**
- ✓ **AARA Application Form 2 Medical Template** (provided as a guide for medical practitioner *if required*)
- ✓ **Student Statement**

**Please return completed forms with supporting documents to HOD
Senior School (mmcca171@eq.edu.au)**

Yarrabilba State Secondary College is committed to reducing barriers to success for all students. Access Arrangements and Reasonable Adjustments (AARA) are actions taken by the school to minimise, as much as possible, barriers for a student whose disability, impairment, medical condition or other circumstances may affect their ability to access, participate in, or respond to assessment.

The school follows the processes outlined in the QCE and QCIA Policy and Procedures Handbook, available from the [Queensland Curriculum and Assessment Authority \(QCAA\)](#).

The Principal manages the approval of AARA applications through members of the school's AARA team. Applications are submitted to the relevant delegate for consideration by the Principal. Completed applications and supporting documentation should be submitted to the following staff members:

- **Short-term illness or misadventure** – Head of Department – Senior Schooling

All AARA applications must include the relevant supporting documentation, as outlined in Section 6.5.1 of the QCE and QCIA Policy and Procedures Handbook, and should be submitted as early as possible to ensure QCAA timelines can be met. All evidence used to inform decisions is securely recorded on the student's file by the Principal or their delegate.

Students are not eligible for AARA on the following grounds:

- unfamiliarity with the English language
- teacher absence or other teacher-related issues
- matters that the student could have avoided (e.g. technology issues)
- matters of the student's or parent/carer's own choosing (e.g. holidays or sporting commitments)
- matters that the school could reasonably have avoided.

Short-Term Conditions, Illness and Misadventure

Students whose ability to attend or participate in assessment is negatively affected by a temporary illness, injury or unexpected event may be eligible for short-term illness and misadventure AARA provisions. Illness and misadventure may affect an individual student or a group of students.

The following principles apply to illness and misadventure applications:

- the illness or event must be unforeseen and beyond the student's control, such as a personal circumstance or emergent cultural obligation (e.g. court appearance, significant family event, or funeral)
- the student must demonstrate that the circumstance had an adverse effect on their ability to complete the assessment
- the situation must not be due to a choice made by the student or parent/carer, such as holidays or optional activities.

An illness and misadventure application cannot be made for:

- the same condition or circumstance for which a QCAA-approved long-term AARA has already been approved, unless there has been a significant deterioration or complication of the condition
- matters that the student could reasonably have avoided (e.g. misreading an examination timetable or assessment instructions)
- circumstances that are the result of student or parent/carer choice (e.g. holidays or sporting events)
- issues related to the administration of the assessment itself.

Students and parents/carers are encouraged to contact Student Services as soon as possible if a temporary illness or misadventure may impact assessment. Relevant supporting documentation, including medical reports where applicable, should be submitted with the completed AARA application form to the Head of Department Senior Schooling as soon as possible.

AARA Application Form: Short Term

Temporary condition/injury; Illness and Misadventure

This application form is completed by students and parents and submitted, with the relevant, required supporting documentation, to the Head of Department Senior Schooling

Name:		Connect:	
Application Date:	Start Date:	Finish Date:	
Illness and Misadventure Category <small>(Please tick)</small>	<input type="checkbox"/> Illness/sickness <input type="checkbox"/> Injury <input type="checkbox"/> Accident <input type="checkbox"/> Unexpected event <input type="checkbox"/> Other (please specify):		
Supporting Documentation Required <small>(Please tick)</small>	<input type="checkbox"/> Medical report containing the following details: <input type="checkbox"/> the illness, condition or event (including details of a diagnosis, where applicable) <input type="checkbox"/> date of onset or occurrence of the illness and/or medical condition (must cover date of assessment) <input type="checkbox"/> symptoms, treatment or course of action related to the medical condition or event <input type="checkbox"/> explanation of the probable effect of the illness, condition or event on the student's participation in the assessment, particularly during timed assessment <input type="checkbox"/> professional recommendations regarding AARA <input type="checkbox"/> Written evidence from an independent professional (such as witness or police report) <input type="checkbox"/> Official notice <input type="checkbox"/> Other (please specify):		
Parent Statement <small>(Please briefly describe the situation and the adverse effect it is having/has had on your child's ability to complete/participate in learning and/or assessment)</small>			
Subject(s) AARA is being applied for <small>(Please list all subjects the application is to cover and the assessment instrument: eg General Mathematics – Exam)</small>	SUBJECT	ASSESSMENT INSTRUMENT (ie, IA1 – exam)	TEACHER
Student Signature:		Parent Signature:	
OFFICE USE ONLY			
Application complete: YES NO		Principal Approved / QCAA Approved	
Parent, student, teacher, HOD informed of decision YES / NO		AARA recorded on OneSchool: YES NO	

Student and Health Practitioner Details

Student Details

Student name:

I give permission for my health professional to provide information concerning this application to Varsity College and the QCAA, if required.

Student signature:

Date:

Parent/Carer signature:
(if student is under 18)

Date:

Health Professional Details

Name:

Profession:

Phone:

Specialty/qualifications: (if applicable)

Place of work:

Registration number:

Practice stamp: (if applicable)

Health Professional Signature:

Date:

Health Professional Details

Diagnosis:	
Date of diagnosis:	
Date of occurrence/onset:	
Symptoms, treatment or course of action related to the medical condition or event	
Explanation of the probable effect of the illness, condition or event on the student's participation in the assessment, particularly during timed assessment	
Professional recommendations regarding AARA	