

How to Complete AARA Applications

- Short Term
- Long Term
- Request for Adjustment

Step-by-Step Guide for
Staff, Students and Parents

Long-Term AARA

Long-Term AARA – Step 1

- Check this is the correct form.
- Use the Long-Term AARA Application for ongoing conditions such as diagnosed learning disorders, disability, medical conditions, mental health conditions, sensory impairments or long-term physical conditions.
- This application is submitted to the Guidance Officer.



AARA- LONG TERM

Access Arrangements and Reasonable Adjustments
(AARA): Long Term

Disabilities including learning disorders; mental health conditions

APPLICATION PACK

Inside this pack:

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

Please return completed forms with supporting documents to
Guidance Officer (Yr 11 and 12) – GuidanceOfficer@yarrabilbassc.eq.edu.au

Long-Term AARA – Step 2

- Complete student details.
- Enter the student’s full name, Connect class and application date.

Form 1		AARA Application Form: Long Term	
Disabilities including learning disorders; mental health conditions			
This application form is completed by students and parents and submitted, with the relevant, required supporting documentation, to:			
<ul style="list-style-type: none"> • Disabilities including learning disorders • Mental health conditions or other conditions 			
Student Name:		Connect Class:	
Application Date:			
Category of Disability			
(select all that apply and specify where relevant)			
<input type="checkbox"/> Cognitive <ul style="list-style-type: none"> <input type="checkbox"/> Specific Learning Disorder (Reading, Writing, Mathematics) <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Developmental Language Disorder (DLD) <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Other _____ 			
<input type="checkbox"/> Physical <ul style="list-style-type: none"> <input type="checkbox"/> Long-term physical injury or mobility condition <input type="checkbox"/> Developmental Coordination Disorder (DCD) <input type="checkbox"/> Medical Condition (please specify) _____ <input type="checkbox"/> Other _____ 			
<input type="checkbox"/> Sensory <ul style="list-style-type: none"> <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment/Deaf and hard of hearing <input type="checkbox"/> Other _____ 			
<input type="checkbox"/> Social/ Emotional <ul style="list-style-type: none"> <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Mental Health Disorder <input type="checkbox"/> Other _____ 			

Long-Term AARA – Step 3

- Select the relevant category.
- Tick all categories that apply, such as cognitive, physical, sensory, social/emotional or medical condition.

Form 1

AARA Application Form: Long Term

Disabilities including learning disorders; mental health conditions

This application form is completed by students and parents and submitted, with the relevant, required supporting documentation, to:

- Disabilities including learning disorders
- Mental health conditions or other conditions

Student Name:		Connect Class:	
Application Date:			
Category of Disability (select all that apply and specify where relevant)			
<input type="checkbox"/> Cognitive <ul style="list-style-type: none"><input type="checkbox"/> Specific Learning Disorder (Reading, Writing, Mathematics)<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)<input type="checkbox"/> Developmental Language Disorder (DLD)<input type="checkbox"/> Intellectual Disability<input type="checkbox"/> Autism Spectrum Disorder (ASD)<input type="checkbox"/> Other _____			
<input type="checkbox"/> Physical <ul style="list-style-type: none"><input type="checkbox"/> Long-term physical injury or mobility condition<input type="checkbox"/> Developmental Coordination Disorder (DCD)<input type="checkbox"/> Medical Condition (please specify) _____<input type="checkbox"/> Other _____			
<input type="checkbox"/> Sensory <ul style="list-style-type: none"><input type="checkbox"/> Visual impairment<input type="checkbox"/> Hearing impairment/Deaf and hard of hearing<input type="checkbox"/> Other _____			
<input type="checkbox"/> Social/ Emotional <ul style="list-style-type: none"><input type="checkbox"/> Autism Spectrum Disorder (ASD)<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)<input type="checkbox"/> Anxiety<input type="checkbox"/> Depression<input type="checkbox"/> Mental Health Disorder<input type="checkbox"/> Other _____			

Long-Term AARA – Step 4

- Complete the student statement.
- The student explains:
 - their condition or diagnosis
 - how it affects them in class
 - how it impacts assessment
 - what adjustments help them complete assessment

Confidential student statement Access arrangements and reasonable adjustments (AARA)

A student may complete this statement as part of an application for AARA. The information provided needs to be correct and relate to the student's assessment period. Information provided in this statement is treated in the strictest confidence and is only used for the purpose of assessing the AARA application.
Fill out all fields and sign the last page. Submit this statement as part of an AARA application via the QCAA Portal.

Student details	
Student name:	
Subject:	
UIC:	

Provide a brief history of your disability, impairment and/or medical condition, including diagnosis.

The information you provide on this form will be used for access arrangements and reasonable adjustments (AARA), which are designed to assist students with disabilities, impairments or medical conditions to participate in assessment. The QCAA will not provide this information to any other person without your written consent. If you are under 18, you must have your parent or carer's consent. If you are 18 or over, you must have your own consent. If you are 16 or over, you must have your own consent. If you are 15 or under, you must have your parent or carer's consent. If you are 14 or under, you must have your parent or carer's consent. If you are 13 or under, you must have your parent or carer's consent. If you are 12 or under, you must have your parent or carer's consent. If you are 11 or under, you must have your parent or carer's consent. If you are 10 or under, you must have your parent or carer's consent. If you are 9 or under, you must have your parent or carer's consent. If you are 8 or under, you must have your parent or carer's consent. If you are 7 or under, you must have your parent or carer's consent. If you are 6 or under, you must have your parent or carer's consent. If you are 5 or under, you must have your parent or carer's consent. If you are 4 or under, you must have your parent or carer's consent. If you are 3 or under, you must have your parent or carer's consent. If you are 2 or under, you must have your parent or carer's consent. If you are 1 or under, you must have your parent or carer's consent.

Comment on how the disability, impairment and/or medical condition affects your only functioning in the classroom.

Describe how the disability, impairment and/or medical condition is a barrier to your access to the assessment and/or to your ability to communicate a response to assessment.

What kind of arrangements help you to be able to complete assessment, e.g. extra time, rest breaks, assistive technology?

Student signature: _____ Date: / /

Parent/carer signature
(if student is under 18): _____ Date: / /

Long-Term AARA – Step 5

- Attach medical documentation.
- Attach current supporting documentation from an approved practitioner.
- Documentation should explain the diagnosis, symptoms, impact on assessment and recommended adjustments.
- Medical Practitioner needs to sign

Form 2
Confidential medical report
Access arrangements and reasonable adjustments (AARA)

Medical reports that are to be completed by the student's general practitioner (GP), medical consultant, or health-care professional (HCP) must comply with the Health Practitioner Regulation (Law Act 2009). The health professional providing a report must be licensed to treat students or practitioners by the college. The information provided needs to be current and relate to the relevant assessment period.

Medical reports provided to the report are issued by student confidential and may only be used for the purposes of assessing the student's AARA application.

If the health professional does not use the report form, they must supply a current medical report containing all of the following information:

For each information, refer to **Attach this report** on the last page.

Student details	
Student name	
Address	
UIC	
If professional, by a health professional to provide information concerning this application to the UIC, it is required:	
Student signature	Date: / /
Healthcare provider signature (if applicable)	Date: / /

Part A
 This section is only to be completed by the health professional.

Diagnosis:

Date of diagnosis	/ /
Date of onset	/ /
Date of assessment	/ /

Provide a clear history of the student's disability, impairment and/or medical condition, including symptoms.

Is the student currently receiving treatment? Please indicate.

Comment on the probable effect of this disability, impairment and/or medical condition on this student's capacity to complete their assessment.

Part B — AARA
 This section is only to be completed by the health professional.

Comment on how the disability, impairment and/or medical condition would affect this student's ability to undertake the assessment.

Professional recommendations for assessment adjustments.

Part C Health professional details

Name:	
Profession:	
Phone:	
Specialist/qualifications: (if applicable)	
Place of work:	
Registration number:	
Practice stamp: (if applicable)	
Signature:	Date: / /

Long-Term AARA – Step 7

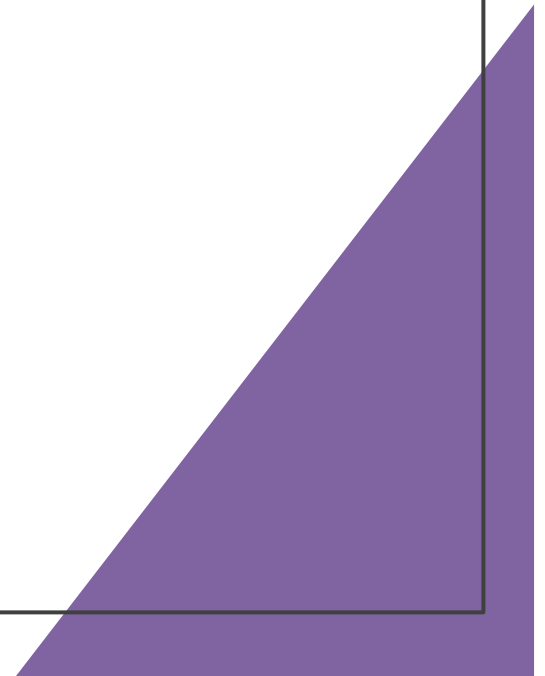
Submit the completed application.

Send the completed form and all supporting documents to the Guidance Officer for review.

Please return completed forms with supporting documents to
Guidance Officer (Yr 11 and 12) GuidanceOfficer@yarrabilbassc.eq.edu.au

Short-Term

AARA



Short-Term AARA – Step 1

- Check this is the correct form.
- Use the Short-Term AARA Application for temporary illness, injury, accident, unexpected events or misadventure.
- This application is submitted to the HOD Senior Schooling.



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)

Short-Term AARA – Step 2

- Complete student details.
- Enter the student’s name, Connect class, application date and the dates the application covers.

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:	FINISH:		
Misadventure Category <small>(Please tick)</small>	<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: <ul style="list-style-type: none"> <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 timed assessment when considering 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/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 Maths – Exam)</small>	SUBJECT	ASSESSMENT INSTRUMENT (eg 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		

Short-Term AARA – Step 3

- Select the reason for application.
- Tick the relevant category such as illness, injury, accident, unexpected event or other.

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:		FINISH:		
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: <ul style="list-style-type: none"> <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 timed assessment when considering 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/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 Maths – Exam)</small>	SUBJECT	ASSESSMENT INSTRUMENT (eg IA1 – exam)	TEACHER		
Student Signature:				Parent Signature:	
OFFICE USE ONLY					
Application complete: YES / NO		Principal Approved / OCAA Approved			
Parent, student, teacher, HDD informed of decision: YES / NO		AARA recorded on OneSchool: YES / NO			

Short-Term AARA – Step 4

- Complete the parent statement.
- Parents/carers briefly explain the situation and how it has impacted the student’s ability to complete assessment.

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:	FINISH:		
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: <ul style="list-style-type: none"> <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 timed assessment when considering 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/had on your child's ability to complete/participate in learning and/or assessment)</small>				
	SUBJECT	ASSESSMENT INSTRUMENT (eg IA1 – exam)	TEACHER	
Subject(s) AARA is being applied for <small>(Please list all subjects the application is to cover and the assessment instrument eg General Maths – Exam)</small>				
Student Signature:			Parent Signature:	
OFFICE USE ONLY				
Application complete: YES / NO		Principal Approved / OCAA Approved		
Parent, student, teacher, HDD informed of decision YES / NO		AARA recorded on OneSchool YES / NO		

Short-Term AARA – Step 5

- List impacted subjects and assessments.
- Include the subject name, assessment item and teacher for every affected subject.

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:		FINISH:		
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: <ul style="list-style-type: none"> <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 timed assessment when considering 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/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 Maths – Exam)</small>	SUBJECT	ASSESSMENT INSTRUMENT (eg IA1 – exam)	TEACHER		
Student Signature:			Parent Signature:		
OFFICE USE ONLY					
Application complete: YES / NO		Principal Approved / OCAA Approved			
Parent, student, teacher, HDD informed of decision: YES / NO		AARA recorded on OneSchool: YES / NO			

Short-Term AARA – Step 6

- Student and parent sign the form.
- Both signatures are required before submission.

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:	FINISH:		
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: <ul style="list-style-type: none"> <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 timed assessment when considering 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/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 Maths – Exam)</small>	SUBJECT	ASSESSMENT INSTRUMENT (eg IA1 – exam)	TEACHER	
Student Signature:			Parent Signature:	
OFFICE USE ONLY				
Application complete: YES / NO		Principal Approved / OCAA Approved		
Parent, student, teacher, HDD informed of decision: YES / NO		AARA recorded on OneSchool: YES / NO		

Short-Term
AARA –
Step 7

Submit to HOD Senior
Schooling.

The HOD Senior Schooling
reviews the application
and communicates the
outcome to staff.

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

Short-Term
AARA –
Step 8


Attach supporting documentation.



This may include medical certificates, medical reports, official notices or other independent supporting evidence.

Assessment Adjustment Request – Step 1

- Check this is the correct form.
- Use this form when a formal AARA may not be suitable but temporary flexibility is required.

Senior Schooling Request Adjustment to Assessment 	
Name:	Connect Class:
Subject/s:	Teacher/s:
Assessment Due Date:	Time allowed for completion: In-class time provided: YES / NO
Assessment Item/Topic:	
Reason for adjustment:	
Adjustment required:	
<input type="checkbox"/> Late draft submission	<input type="checkbox"/> Adjustment to checkpoint/draft dates
<input type="checkbox"/> Early access to assessment	<input type="checkbox"/> Complete Exam early
<input type="checkbox"/> Early submission of assessment	<input type="checkbox"/> Other
Medical Certificate: YES/NO	Letter from Guardian: YES / NO
Student signature:	Parent Signature:
Teacher Comment:	
Teacher signature	Date:
Senior Schooling Team Comment and Recommendation:	
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Senior Schooling Request Adjustment to Assessment



Name:	Connect Class:
Subject/s:	Teacher/s:

Assessment Adjustment Request – Step 2

- Complete student and subject details.
- Enter the student's name, Connect class, subject, teacher and assessment details.

Assessment Due Date:	Time allowed for completion:
	In-class time provided: YES / NO
Assessment Item/Topic:	

Assessment Adjustment Request – Step 3

- Record assessment information.
- Include the due date, time allowed, in-class time provided and assessment topic.

Reason for adjustment:

Assessment Adjustment Request – Step 4

- Explain the reason for the request.
- Clearly outline why the adjustment is needed.

Adjustment required:

Late draft submission

Adjustment to checkpoint/draft dates

Early access to assessment

Complete Exam early

Early submission of assessment

Other

Assessment Adjustment Request – Step 5

Select the adjustment required.

Options may include:

- early access to assessment
- early submission
- adjustment to checkpoints
- completing exams early
- late draft submission

Assessment
Adjustment
Request –
Step 6

Attach supporting
documentation if
required.

This may include a
medical certificate
or parent/guardian
letter.

Assessment
Adjustment
Request –
Step 7

Student and
parent sign the
form.

Both signatures
are required
before submission.

Assessment Adjustment Request – Step 8

Teacher comment and
Senior Schooling review.

The teacher provides
relevant information before
the Senior Schooling team
reviews and approves or
declines the request.

Final Reminders

Ensure all sections are completed before submission.

Incomplete applications may delay approval.

Applications should be submitted as early as possible.

If unsure, contact the HOD Senior Schooling.