



ALBANY CREEK STATE HIGH SCHOOL

ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS APPLICATION FORM

Student details			
Name:		Roll Class:	
Date:		LUI:	

I wish to apply for the following type of AARA:

- Assessment extension
 Other AARA

Complete PART A

Complete PART B

PART A: Submit to Principal's Delegate

Subject		Assessment Due Date:	
Teacher			

Reason for extension	

Documentary evidence	
<input type="checkbox"/>	Yes – please attach
<input type="checkbox"/>	No

Student signature
Parent signature

Office use only – please complete			
Extension granted	YES	Amended date:	NO
Reason for refusal:			
Principal Delegate's signature			
Date:			
* Copy to student and teacher and original in student file			

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THIS MUST BE PROVIDED WITH THE SUBMITTED ASSESSMENT

Name:	Subject Class:
has been granted an AARA (extension) for	Assessment Item:
Revised due date:	Principal's Delegate signature:

PART B: OTHER AARA

Provide a brief outline of your reason/s for requiring an AARA, including symptoms:

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Comment on how the disability, impairment, medical conditions or other circumstance affects your daily functioning in the classroom

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

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Detail what kind of AARA would help you to be able to complete assessment

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Documentary evidence (<i>attach to application</i>)	YES	NO
Medical report		
Other		

Student signature:	Date:
Parent name:	Parent signature:

Principal's Delegate Approval:	
YES	AARA end date:
NO	Reason for refusal:

AARA approved:	
Date:	
Principal's Delegate signature:	

Office use only – complete checklist	
	Confirmation email completed
	Confirmation email sent to student, parent/carer, teachers, HOD
	Email cc to <i>Applications Manager & Principal's Delegate</i>
	Original in student file
	OneSchool entry completed