



Access Arrangements and Reasonable Adjustments Application Form

Instructions for AARA Applications:

- To be considered, this application must be submitted at a minimum on or before the due date.
 - Please refer to the Sunnybank SHS's Assessment Policy prior to submission of the application.
 - Granting of AARA is at the discretion of the Principal/ Principal's delegate and approved only:
 - ✓ When the student successfully meets eligibility criteria;
- AND
- ✓ The student's circumstance provides a barrier for eligible students to demonstrate their knowledge and skills in their assessment.

Date of application:

Student's Name:

Roll Class:

Subject:

Teacher:

Assessment Type:

Due date:

Adjustment/arrangement being applied for:

eligibility criteria (select from the conditions and categories below):

Time-frame of condition	Category
<input type="checkbox"/> temporary	<input type="checkbox"/> Cognitive
<input type="checkbox"/> intermittent	<input type="checkbox"/> Physical
<input type="checkbox"/> permanent	<input type="checkbox"/> Sensory
	<input type="checkbox"/> Social/emotional
	<input type="checkbox"/> Illness/medical/injury
	<input type="checkbox"/> Bereavement
	<input type="checkbox"/> Misadventure/extenuating circumstances
	<input type="checkbox"/> Other

Student statement explaining reason for application:

Parent/Carer statement explaining reason for application:

Supporting evidence (*please attach to application*):

Parent/Carer Acknowledgement

I have discussed the grounds for this application with my child and I support the request for additional support for my student. I acknowledge that this is a request only and is subject to approval from the Deputy Principal in line with Sunnybank SHS and Queensland Curriculum and Assessment Authority procedures.

Parent/Carer Signature: _____

Date: _____

Student Signature: _____

Date: _____

Application Submission

- Applications can be submitted in person and delivered to the front office at Sunnybank SHS.
- Applications can be submitted electronically to the relevant year level Deputy Principal through AARA-SP@sunnybankshs.eq.edu.au.

This section to be completed by the Head of Department

I am satisfied that this application meets the requirements as determined in Sunnybank SHS's Assessment policy and QCAA AARA guidelines.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have consulted with the classroom teacher.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I support this application.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				

HOD Signature: _____

Date: _____

This section to be completed by the Deputy Principal

Copy of finalised paperwork provided to the student

I am satisfied that this application meets the requirements as determined in Sunnybank SHS's Assessment policy and QCAA AARA guidelines.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The following staff members have been consulted:				
This application is approved.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				

Deputy Principal Signature: _____

Date: _____

Date entered on OneSchool (Profile/Contact-other): _____

Date entered on Student Management (if unit three or four): _____