



Access Arrangements Reasonable Adjustment (AARA) Application

This form is to be used when a student is requesting a change to any conditions regarding a piece of assessment including:

- Due date extension
- Amended assessment task, or modifying the conditions of the assessment task
- If circumstances foreseen, this form must be completed a minimum of 3 days prior to the due date

Students and Parents may also wish to refer to the QCAA Handbook.

COVER PAGE

STUDENT	
Name:	Roll Class:
Student email:	Guardian email:
AARA MANAGER	
Name:	Date of Application:
TYPE OF AARA REQUESTED (tick one)	
Extension <input type="checkbox"/>	Form A
Adjustment <input type="checkbox"/>	Form B

REASON FOR REQUEST (to be elaborated on in additional documentation)			
Cognitive <input type="checkbox"/>	Physical <input type="checkbox"/>	Sensory <input type="checkbox"/>	Socio-Emotional <input type="checkbox"/>
*Timeframe:			
Details (optional): _____ _____			
DOCUMENTATION SUPPLIED:			
QCAA Medical Report			
QCAA School Statement (optional for Year 7-10)			
QCAA Student Statement (optional)			
Medical Certificate			
Other Practitioner Letter			

*how long the adjustment is required for (examples: 1 week for a viral infection, indefinitely for a permanent disability)



To be completed by AARA Manager upon return of documentation			
Date Application Received:		Date Outcome Advised:	
Request granted:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comment: <hr/> <hr/> Signature: _____ Date: _____			