

Junior School

Access Arrangement and Reasonable Adjustment (AARA) Form



STEP 1 – STUDENT DETAILS & ASSESSMENT INFORMATION

Student First Name:	Student Last Name:
Date of Application:	Year Level: 7 8 9
Form Issued by:	Curriculum HOD Year Level HOD HOD of Special Education Services
Guidance Officer Deputy Principal (Junior School or Middle School)	

Subject/s Regarding Application

Subject	Teacher	Curriculum Head of Department

Have you had any previous reasonable adjustments/extensions approved?

YES

| No

Assessment Information

Subject	Assessment	Original Due Date	How many lessons have you missed?	Proposed Due Date	New Due Date Agreed	Teacher Signature	Curriculum HOD Signature

STEP 2 – REASONING FOR ACCESS ARRANGEMENT OR REASONABLE ADJUSTMENT

Category of Application:

Cognitive Sensory Physical Social/Emotional Illness/Misadventure

Note: The following reasons are not eligible for an AARA:

- unfamiliar with the English language
- teacher absence or other teacher-related difficulties
- matters that the student could have avoided, e.g. misreading an exam timetable, misreading instructions in examinations
- timetable clashes
- matters of the student's or parent's/carer's own choosing, e.g. family holidays, sporting events
- matters that the school could have avoided, e.g. incorrect enrolment in a subject

Please provide an overview of reasoning behind this application. E.g. *I was away sick for 4 days and missed classes. I need more time to complete my assessment and time to discuss it with my teacher.*

STEP 3 – SUPPORTING DOCUMENTATION

Please tick supporting documentation that is attached with this application for Extension/Reasonable Adjustment

Medical Documentation Evidence of DDA Other: _____

STEP 4 – SIGNATURE REQUIRED FOR APPLICATION SUBMISSION

	Full Name	Signature	Date
Student			
Parent/Guardian			

Return this form completed to the Yeronga Leadership Team (Curriculum HOD | Year Level HOD | DP JS | DP MS | Guidance Officer | HOD Special Education Services) with the supporting documents.

This section is to be completed by:

Curriculum HOD | Year Level HOD | Deputy Principal | Guidance Officer | HOD of Special Education Services

STEP 6 – YERONGA LEADERSHIP TEAM APPROVAL

Application Approval: YES | No

Arrangements/Adjustments that will be put in place as a result if approved:

Extension Scribe IT Adjustments Rest Breaks
 Comparable Exam/Assessment Reader IT Access Varied Seating
 Other: _____

(see AARA and Description of Adjustments to assessment and/or condition)

	Full Name	Signature	Date
Curriculum HOD / Year Level HOD / Deputy Principal / Guidance Officer / HOD of Special Education Services			

OFFICE USE ONLY

Entered on OneSchool Contact

Email - student, parent/carer, subject teacher and Curriculum HOD of AARA outcome