

MANSFIELD STATE HIGH SCHOOL YEAR 11 & 12

Application for Access Arrangements and Reasonable Adjustments (AARA)

Student Negaci	Churchau	-+ C:-			Dell Class	
Student Name:	Studer	tudent Signature:			Roll Class:	
					Date:	
Parent Name:	Parent	Sign	ature.		Date:	
Tarene Name.	Tarcin	Jigili	ature.		Date.	
Subjects & due date	Details	s and	summary of a	pproved ad	justments:	
		Completed by school)				
TYPE OF AARA (tick one)	CATE	GORY	' (tick one)			
Long Term (DDA)	Cognit	ive		Physi	cal	
Intermittent	Sensor	ry		Socia	l/Emotional	
Temporary (sick, sport etc)	Illness	/Misa	dventure	Othe	r	
	L			<u>l</u>		
SUPPORTING DOCUMENTATION	N ATTAC	HED	see over for d	escriptions	& tick all relevant)	
Medical Report		Student Statement				
Evidence of a verified disability		Other evidence				
School/Teacher Statement						
ADJUSTMENTS REQUESTED (see	over for	descr	iptions & tick	all relevant		
Alternate format paper	Diabet	Diabetes management		Rest	breaks	
Assistance	Extens	Extension		Scrib	е	
Assistive technology	Extra 1	Гime		Varie	d seating	
Bite-sized food		Individual instruction		-	tion to venue	
Comparable assessment	Medic			l	n aids	
Computer		sical equip &		Othe	r	
5	enviro		nt			
Drink	Reade	r				
			Cur	CC		
Office use only			Sta	ff member	name	
Request received		Έ.				
	Dat					
Application uploaded to QCAA	Dat	te:				
Parent/student informed of outcor	Dat ne Dat	te: te:				
Parent/student informed of outcome Teacher/HOD informed of outcome	Dat ne Dat e Dat	te: te: te:				
Parent/student informed of outcor Teacher/HOD informed of outcome Contact entered in OneSchool	Date Date Date	te: te: te:				
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SUPPORTING DOCUMENTATION DESCRIPTIONS				
Medical Report (see template on share point & website)	 Diagnosis of disability and / or medical condition Date of diagnosis Date of occurrence or onset of the disability and /or medical condition Symptoms, treatment or course of action related to the disability, impairment and/ or medical condition Information about how the diagnosed disability, impairment and/or medical condition affects the student participating in assessment, particularly timed assessment when considering external assessment Professional recommendations regarding AARA If a student has been verified as part of the Education Adjustment Program (EAP) or equivalent, the formal notification of EAP may substitute for a medical report. Must be completed by a relevant practitioner who is a general practitioner (GP), medical specialist, or psychologist (registered under Queensland's Medical or Psychologists Practitioners Registration Act 2001), and who is not related to the student or employed by the school. 			
School statement	 The school collects information in relation to the disability, impairment and /or medical condition in order to prepare the school statement. 			
Student statement	 The student may choose to submit a statement about how their disability, impairment and /or medical condition affects them in assessment. 			

SUMMARY OF POSSIE	BLE ADJUSTMENTS
Alternate format	Eg. Braille, enlargement, electronic, large print, black & white.
paper	
Assistance	Eg. TA manipulate equipment, support or reassurance, prompt to continue.
Assistive technology	Amp system, speech to text, magnification.
Bite-sized food	Small amount in clear container that does not distract others
Comparable	Alternative comparable assessment given on different date.
assessment	
Computer	See info on Computers via QCAA portal
Drink	A drink other than water that is required for medical reason – clear unlabelled
	bottle.
Diabetes management	Eg food, drink, monitoring equipment, medication, varied seating & rests
Extension	Extension of due date for projects, performance & non- examination
Extra Time	Extra working time at the rate of 5 mins per half hour of exam
Individual instructions	Clean, unannotated copy of the written instructions.
Medication	Only prescribed medication may be taken into exams in a clear container
Physical equip &	Eg. special chair, cushion, heat or cold pack, towel, lighting, crutches
environment	
Reader	Reads the assessment or student's response aloud as often as requested
Rest breaks	At the rate of 5 mins per half hour at any time during the exam
Scribe	Writes student's verbal response or directions during the assessment
Varied seating	Eg. Front or back, near door or other room
Variation to venue	Usually made due to weather or other incident
Vision aids	Eg. colour overlay, different lighting.