

Application for AARA (Access Arrangements and Reasonable Adjustments)

YEAR 7-10

Please refer to Wellington Point State High School’s Assessment Policy

This online form must be completed by all students and parents wishing to apply for AARA.

Medical/supporting documentation required.

How to use this form:

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| **Step 1**  Fill in form, save and attach it along with:   * Medical Certificate or documentation to verify illness, condition or event   **Note: Complete a new form for each subject** | **Step 2**  Email form and supporting documentation to: [admin@wellingtonpointshs.eq.edu.au](mailto:admin@wellingtonpointshs.eq.edu.au)  Note in the subject line of the email  **AARA Request – {Student’s Name}, {Year Level}, {Subject}** | **Step 3**  Alternatively, you can submit your application in person by printing your form and deliver it along with any supporting documentation to the Admin Office at Wellington Point State High School |

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| AARA are planned and negotiated as early as possible so that eligible students are supported appropriately to participate in, and complete the requirements for, a course of study and assessment. | |
| Full Name: | Welfare Class: |
| Date of Birth: | Year Level: |
| Subject: | Teacher: |
| Application Date: | |
| Assessment Item: Due Date: | |
| Reason: | |
| Please briefly describe the situation that is impacting your child’s learning: | |
| What arrangement and or adjustment is being requested:  Extension on date: Yes / No Draft / Final Requested new date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please circle*  *Please circle*  or  Special considerations: *please indicate what amendments to task conditions or requirements are being requested below:* | |
| Parent Name: | Parent email: |
| Parent Signature: | Student Signature: |
| **Office Use Only** | |
| Completed by (HOD): | Approved: YES/NO |
| Details: | |
| Parent, student, teacher informed of decision (in writing): YES/NO | AARA recorded on OS: YES/NO |