

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.auNote 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*orSpecial 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 |