



AARA Application Form

This form is used to request a change to conditions regarding a piece of assessment, including an extension to a due date or reasonable adjustment to assessment.

Office use only	
Date received	

Email completed form to: arateam@tullawongshs.eq.edu.au

Student name			Parent/Caregiver name		
MIS ID		LUI		Year level	

Category and condition			
Category	Condition	Category	Condition
Short term illness (e.g. broken arm)		Misadventure (e.g. car broke down)	
Ongoing medical condition (e.g. diabetes, anxiety)		Disability (learning, sensory, physical, other)	
Recent grief, loss or trauma		Other	

WHY ARE YOU APPLYING FOR AN AARA? You MUST supply supporting documentation from a medical or other professional
Provide the following details:

- The reason of your absence, illness, disability or misadventure. Include dates of absences (if relevant).
- How this illness/situation has affected you in the classroom.
- How this has affected you in the classroom.
- How it has affected your assessment and the adjustments that have helped.



Assessments

TICK THE ASSESSMENT/S THAT YOU WOULD LIKE THE AARA TO BE APPLIED TO:

☐ Internal exam/s (medical documentation required) ☐ Written task/s ☐ Spoken tasks ☐ Other (e.g. projects)

STUDENT TO COMPLETE				SCHOOL USE ONLY
Subject	Assessment	Original Due Date	Explanation of how your assessment has been/will be impacted	Alternate Due Date

Supporting Documentation (tick at least one and email documentation with application)

☐ Current Verified Disability as listed in OneSchool (Check with HOSES if unsure), **AND/OR**

☐ **AARA and Illness/Misadventure Medical Template** completed by a Doctor (GP), medical specialist or psychologist who is not related to me or employed at Tullawong SHS stating:

- 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 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, **AND/OR**

☐ A funeral notice or equivalent demonstrating impact on the due dates, OR

☐ A third party signed statement (not the student/parent/carer) stating:

- The nature of the event causing significant and/or recent grief, loss or trauma;
- How the event and subsequent grief, loss or trauma affects the student participating in assessment, particularly timed assessment when considering external assessment, **AND/OR**

☐ Other, please specify: _____



Declaration

By submitting this form electronically using a unique email username and password, I declare that the information contained in the form is correct, that I am authorised to provide it to the school, and I authorise the school to apply for QCAA-approved AARA on behalf of my student/myself (circle) where necessary.

Student: I understand that the application and supporting documentation does not guarantee that adjustments will be approved. I further understand that if adjustments are approved, it is my responsibility to let staff know at least 7 days prior to the due date of the assessment, if I wish to access some, all or none of my approved adjustments for my assessment piece.

Student Signature		Parent/Carer Signature		Date	
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