



# Request for Short Term AARA Form (Access Arrangements and Reasonable Adjustments)

**Clairvaux Mackillop College**

AARA are provided to minimise as much as possible; barriers for a student whose impairment, medical condition or other circumstances may affect their ability to read, respond to or participate in assessment. It is submitted to the Assistant Principal or Learning Support Leader for endorsement and then forwarded to the Principal for consideration. In some cases, the school does not make the final decision and applications are forwarded to the Queensland Curriculum and Assessment Authority (QCAA) for approval.

Step 1	<b>STUDENT</b> to complete						
	Name:					<b>AP to complete</b>	
	Current Year:	Subject:	Teacher:	Assessment Type:	Original Due Date:	Approved Due Date:	Exam Room
	Date AARA request submitted:						
	Student Signature:						

Key: EX – Exam / AS – Assignment / PR – Performance /

Step 2	Documentary evidence attached* <input type="checkbox"/> Yes <input type="checkbox"/> No
	*Compulsory <input checked="" type="radio"/> Supporting documentation from a doctor, counsellor or other appropriate person must accompany this request and should include the nature of the condition, how it has affected the student, and time requested.
	<input type="checkbox"/> Medical certificate <input type="checkbox"/> Other notification (please specify)

Step 3	<b>PARENT / CARER or OTHER</b> to complete	
	Personal Circumstances	<b>Explanatory Notes -</b> Explain the reasons why you require AARA <input type="checkbox"/> Evidence attached
	Illness, injury or misadventure <input type="checkbox"/>	<b>School Based Adjustments required (please highlight):</b> <input type="checkbox"/> Extension (Indicate proposed length of time) <hr style="border: 0.5px solid blue;"/> <input type="checkbox"/> Variation to seating (exam) <input type="checkbox"/> Scribe <input type="checkbox"/> Reader <input type="checkbox"/> Computer <input type="checkbox"/> Other: (specify)
	Missed exam due to illness <input type="checkbox"/>	
	Other: <input type="checkbox"/>	
Parent/Carer/Other Signature:	Parent/Carer/Other Name:	Date:

Step 4	<b>ASSISTANT PRINCIPAL</b> to complete	
	Application is:	
	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
	Staff Signature:	<b>Actions:</b> <input type="checkbox"/> Email Student & Parent <input type="checkbox"/> Email Teacher, CL, PL & AP <input type="checkbox"/> Update AARA Spreadsheet <input type="checkbox"/> Print and file
Date:		

Learning Support will enter details in Engage under Personalised Support  Planning and Adjustments.