



Senior Application for AARA (Access Arrangements and Reasonable Adjustments) or Absence

Instructions for applications:

- Refer to Kawana Waters State College Assessment Policy prior to submission of the application.
- To be considered this application must be submitted as soon as practical to meet school and QCAA timelines.
- For **extensions**, application must be submitted **as soon as possible before the due date** unless student has been adversely affected by an unexpected emergent event.
- Students are **ineligible** for an **AARA** based on: unfamiliarity with the English Language, matters the student could have avoided (e.g. Misreading an exam timetable), timetable clashes, matters of the student or parent/carer's own choosing (e.g. Family holiday)
- Students are **ineligible** for a **School approved absence** based on matters of the student or parent/carer's own choosing (e.g. Family holiday).
- Granting of AARA or School approved absence is at the discretion of the QCAA, Principal or Principal's delegate and approved only when:
 1. the student successfully meets eligibility criteria;
 2. the student's circumstance provides a barrier to demonstrate their learning, knowledge and skill in the assessment instrument; **and**
 3. evidence exists to justify an AARA or School Approved Absence application.

This form (with evidence documentation attached) can be submitted:

- **in person and delivered to the Guidance Officer at Secondary Administration Office at Kawana Waters State College, or**
- **electronically to aara@kawanawaterssc.eq.edu.au using Subject line [Student Name] [Year Level] - AARA Application Form**

TO BE COMPLETED BY STUDENT AND / OR PARENT

STUDENT NAME		HOME GROUP		APPLICATION DATE	
PARENT/GUARDIAN NAME		EMAIL		PHONE	

Please tick and complete applicable sections		
<input type="checkbox"/>	Illness and misadventure (inc. bereavement)	PLEASE COMPLETE SECTION A
<input type="checkbox"/>	Short-term or temporary conditions <i>(Evidence needs to be dated within the preceding six months of internal assessment)</i>	PLEASE COMPLETE SECTION A & B
<input type="checkbox"/>	Long-term or chronic conditions <i>(Evidence needs to be dated no earlier than Year 10 or current EAP verification covering Units 3 and 4. *An updates only is required where a diagnosis has been made before Year 10 or a review of EAP criterion 1 is due or overdue.)</i>	PLEASE COMPLETE SECTION A & B
<input type="checkbox"/>	Other Absence (e.g., Regional/State/National Representative Sport or Artistic Endeavours) <i>Extensions are not permitted. IF granted, non-examinations are required to be submitted/presented on or before due date. For examinations a comparable exam will be offered prior to the original examination date.</i>	PLEASE COMPLETE SECTION A
Type of Request		Documentation / Evidence Provided (Must be attached)
<input type="checkbox"/>	Extension to due date of assignment (COMPLETE PART C)	<input type="checkbox"/> Medical Evidence e.g. Certificate/Report
<input type="checkbox"/>	Reschedule of examination date (COMPLETE PART C)	<input type="checkbox"/> QCAA Medical Report
<input type="checkbox"/>	Adjustment to conditions of examination(s)	<input type="checkbox"/> QCAA School Statement
		<input type="checkbox"/> QCAA Student Statement
		<input type="checkbox"/> Parent Statement Evidence of Representative Sport
		<input type="checkbox"/> Other (e.g. Evidence of Representative Sport, Bereavement Document, Police Statement)

PART A – Diagnosis / Reason for Absence	
Please provide details:	
Dates of Absence <i>(if applicable)</i>	

PART B – Access Arrangements and Reasonable Adjustments <i>please check</i>								
Eligibility Category	<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	Sensory	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Social / Emotional
Comment on how the medical condition, disability, illness or other circumstance impacts the student’s daily functioning in the classroom.								
<i>This can include, but is not limited to difficulty with focussing, increased anxiety levels, difficulty with recalling information, performance anxiety, need to sit in a certain area of the classroom, increased distractibility, need for breaks and fatigue</i>								
For Ongoing Adjustments for Long Term and Chronic Conditions please consult the Guidance Officer.								

PART C – Request for Extension to Due Date of Assignment and/or Reschedule of Examination Date <i>(To be completed by student)</i>				
Subject	Teacher	Due Date	Assessment e.g., IA1, FIA2	Approved Due Date <i>(This column to be completed by School once approved.)</i>

Student and Parent/Guardian Acknowledgement:			
We have discussed the grounds for this application and we request additional support to minimise barriers to demonstrate learning, knowledge and skill in the assessment/s stipulated above. We acknowledge that this is a request only and is subject to approval from the QCAA, Principal or Principal’s Delegate in line with Kawana Waters State College’s Assessment Policy, and where applicable, the Queensland Curriculum and Assessment Authority (QCAA) policy and procedures.			
Student Signature	Date	Parent/Guardian Signature	Date

(Admin Use Only)

Processed by GO/ Case Manager: _____ Signature: _____ Date: ____/____/____

Absence Category: AARA – Long term <input type="checkbox"/>	AARA – Short term <input type="checkbox"/>	AARA – Illness & Misadventure <input type="checkbox"/>
Non AARA School Approved Absence <input type="checkbox"/>		
Medical Certificate/Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Documentation Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application for AARA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Principal Approval for School Approved Absence : <input type="checkbox"/> Yes <input type="checkbox"/> No	
QCAA AARA Completed (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	KWSC AARA/Absence Register completed : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Carer/Student & Staff informed of application outcome (OneSchool Contact entered): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relevant Curriculum HoDs/Teachers/other relevant staff informed of application outcome: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Senior Schooling HoD and Senior School Data Officer informed and sent a copy of AARA/Absence Application form: <input type="checkbox"/> Yes <input type="checkbox"/> No		
AARA /Absence Application form and medical /other documentation uploaded on OneSchool <input type="checkbox"/> Yes <input type="checkbox"/> No		