



**PIMLICO****STATE HIGH SCHOOL**

Making a world of difference

**ILLNESS AND MISADVENTURE - AARA**

Complete each section below for each subject

| STUDENT TO COMPLETE  | GENERAL OFFICE USE   |
|--|--|
| Subject..... Teacher Code:.....<br>(IA1 / IA2 / IA3 / IA4) Please circle if applicable<br><br>Non-exam: Original Draft Due Date: .....<br>Original Final Due Date: .....<br><br>Exam: Original Exam Due Date:..... | New Draft Due Date: .....<br>New Final Due Date: .....<br>New Exam Date: .....<br><br><i>Please complete relevant date/s above</i> |
| Subject..... Teacher Code:.....<br>(IA1 / IA2 / IA3 / IA4) Please circle if applicable<br><br>Non-exam: Original Draft Due Date: .....<br>Original Final Due Date: .....<br><br>Exam: Original Exam Due Date:..... | New Draft Due Date: .....<br>New Final Due Date: .....<br>New Exam Date: .....<br><br><i>Please complete relevant date/s above</i> |
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| Subject..... Teacher Code:.....<br>(IA1 / IA2 / IA3 / IA4) Please circle if applicable<br><br>Non-exam: Original Draft Due Date: .....<br>Original Final Due Date: .....<br><br>Exam: Original Exam Due Date:..... | New Draft Due Date: .....<br>New Final Due Date: .....<br>New Exam Date: .....<br><br><i>Please complete relevant date/s above</i> |

ASSOCIATE PRINCIPAL'S  
APPROVAL:

Yes

No

Signature:

Date:

**OFFICE USE ONLY**

Submitted to General Office

Date ...../...../.....

Arrange new dates with relevant HOD

Approved by Year level Deputy Principal

Signed by Associate Principal

Date ...../...../.....

Initial

Date received by Snr Schooling Admin Officer (AO)

Snr Schooling AO: Entered on QCAA Student Management portal (Year 12)/  
Spreadsheet (Year 11)

Date ...../...../.....

Snr Schooling AO: Scan and email relevant teachers/HODs, Year Level DP, GO, student, parent

Snr Schooling AO: Upload to One School

Snr Schooling AO: File into student's physical file

## Part C — Illness and misadventure

This section is to be completed *only* by the health professional (in the case of an unexpected illness or event).

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| <b>I consider that the effect of the impairment arising from the medical condition is/was:</b>  |                                   |                                 |
| <input type="checkbox"/> mild   | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |
| <b>I consider that the student is/was:</b>  |                                   |                                 |
| <input type="checkbox"/> disadvantaged due to a temporary medical condition   |                                   |                                 |
| <input type="checkbox"/> unfit to participate in assessment due to a temporary medical condition<br>from     /     /     to     /     /     .                                       |                                   |                                 |
| <input type="checkbox"/> unfit to participate in assessment due to a deterioration in a chronic condition<br>from     /     /     to     /     /     .                              |                                   |                                 |
| <b>If the student was affected for less than a full day, comment on the amount of time the student was affected during a timed assessment, e.g. second half of the exam session</b> |                                   |                                 |
|   |                                   |                                 |

# Health professional details

|  |                      |
|--|----------------------|
| <b>Name</b>  |                      |
| <b>Profession</b>                                  |                      |
| <b>Phone</b>                                       |                      |
| <b>Specialty/qualifications</b><br>(if applicable) |                      |
| <b>Place of work</b>                               |                      |
| <b>Registration number</b>                         |                      |
| <b>Practice stamp</b><br>(if applicable)           |                      |
| <b>Signature:</b>                                  | <b>Date:</b> /     / |

**Electronic signature:** If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*.

## About this report

### Access arrangements and reasonable adjustments (AARA)

Some students may have disability, impairment and/or medical conditions, or experience other circumstances that may be a barrier to their performance in assessment. Access arrangements and reasonable adjustments (AARA) are designed to assist these students. For more information, visit [www.qcaa.qld.edu.au/senior/assessment/aara](http://www.qcaa.qld.edu.au/senior/assessment/aara).

### Illness and misadventure

Students may also experience unforeseen circumstances that may be a barrier to their performance in assessment, such as a significant deterioration of an existing medical condition, or experiencing a natural disaster, accident or significant cultural obligation. These students may be eligible for illness and misadventure adjustments.

### Submitting this report

The medical professional should return this form to their patient. The school will submit the report as part of an AARA application via the QCAA Portal.