## Access Arrangements and Reasonable Adjustments (AARA)

This document is required if you need an extension of a due date, draft date or were absent for an exam due to:

- Illness
- Unforeseen event beyond student's or family's control

Be aware that you are ineligible to apply for an AARA on the grounds of:

- Students being unfamiliar with the English language
- Teacher related difficulties
- · Matters that the student could have avoided eg misreading the exam timetable or due date
- An event of the student or parents/carers choosing eg family holiday

QCAA requires a report that includes the details below. 'Part C' is attached to make this easier however, a doctor's certificate with the information below is also acceptable.

- The illness, condition or event (including diagnosis where applicable)
- Date, onset or occurrence
- · Symptoms, treatment or course of action
- Explanation of the probable effect of the illness, condition or event on the student's participation in the assessment
- Non-medical claims written evidence from a relevant independent professional or other third party such as funeral/death notice or police report

This AARA should be submitted prior to the assessment due date except in exceptional circumstances.

Name:		Care Class:					
Reason for AARA:	Illness	Unforeseen circumstances					
Documentation Provided:	· ·						
Reason for AARA:	Absence for an e	exam/test					

If the AARA request is for a long-term condition or student with a verified disability please contact the General Office for the correct process.

Request for extension of due date



### **ILLNESS AND MISADVENTURE - AARA**

# Complete each section below for each subject

S	TUDENT TO CON	1PLETE		GENERAL OFFICE	USE		
Subject	Te	eacher Code:					
(IA1 / IA2 / IA3 / IA4	) Please circle if applic		New Draft Due Date:				
Non-exam:	Non-exam: Original Draft Due Date:			New Final Due Date:			
	Original Final Due	Date:		New Exam Date:			
Exam:	Original Exam Due	e Date:		Please complete relevant date	e/s above		
Subject	Te	New Draft Due Date:					
(IA1 / IA2 / IA3 / IA4	) Please circle if applic	New Final Due Date:					
Non-exam:	Original Draft Due	Date:		New Exam Date:			
	Original Final Due Date:			Please complete relevant date/s above			
Exam:	Original Exam Due	e Date:	······	•			
Subject	Te	······	New Draft Due Date:				
(IA1 / IA2 / IA3 / IA4	Please circle if application						
Non-exam:	Original Draft Due	Date:		New Final Due Date:  New Exam Date:			
	Original Final Due	Date:					
Exam:	Original Exam Due	e Date:		Please complete relevant date/s above			
Subject	Te	eacher Code:					
(IA1 / IA2 / IA3 / IA4	Please circle if application	able		New Draft Due Date:  New Final Due Date:			
Non-exam:	Original Draft Due	Date:					
	Original Final Due	Date:		New Exam Date:			
Exam:	Original Exam Due	e Date:	······	Please complete relevant date	e/s above		
ASSOCIATE PRINCIPA APPROVAL:	L'S Yes	No ···		nature: D	ate:		
OFFICE USE ONLY							
Submitted to General C	Office			Date///			
Arrange new dates with	relevant HOD						
Approved by Year level	Deputy Principal						
Signed by Associate Pr	incipal	Date///	<u>Initial</u>				
Date received by Snr Schooling Admin Officer (AO)							
Snr Schooling AO: Entered on QCAA Student Management portal (Year 12)/ Spreadsheet (Year 11)							
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).

I consider that the effect of the impairment arising from the medical condition is/was:									
☐ r	mild				severe				
I co	nsider	that the	studen	t is/was:					
	disadvantaged due to a temporary medical condition								
	unfit to participate in assessment due to a temporary medical condition								
	from	1	1	to	1	1			
	unfit t	o partici	pate in a	ssessment	due to a	dete	rioration in	a chronic conditi	on
	from	. /	. /	to	/				
								nt on the amoun	t of time the student sion

# Health professional details

Name			
Profession			
Phone			
Specialty/qualifications (if applicable)			
Place of work			
Registration number			
Practice stamp (if applicable)			
Signature:	Date:	1	1

**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.

#### 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.

