



Park Ridge State High School

Senior Assessment Policy

ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS (AARA)

APPLICATION FORM

Granting of AARA is at the discretion of the QCAA, Principal, or Principal's delegate and approved only:

✓ When the student successfully meets eligibility criteria;

AND

✓ The student's circumstance provides a barrier for eligible students to demonstrate their knowledge and skills in their assessment.

Date of application:

Student's Name:

Roll Class:

Subject:

Teacher:

Reason for application:

Eligibility criteria (select from the conditions and categories below):

Time-frame of condition	Category
<input type="checkbox"/> temporary	<input type="checkbox"/> Cognitive
<input type="checkbox"/> intermittent	<input type="checkbox"/> Physical
<input type="checkbox"/> permanent	<input type="checkbox"/> Sensory
	<input type="checkbox"/> Social/emotional
	<input type="checkbox"/> Illness
	<input type="checkbox"/> Bereavement
	<input type="checkbox"/> Misadventure
	<input type="checkbox"/> Other

Statement explaining reason for application:

Supporting evidence (*please attach to application*):

Parent Acknowledgement

I have discussed the grounds for this application with my child and I support the request for additional support for my student. I acknowledge that this is merely a request only and is subject to approval from the Principal (or delegate) in line with school and Queensland Curriculum and Assessment Authority policies and procedures.

Signature: _____

Date: _____

Application Submission

- Applications can be submitted in person and delivered to the Student Window at Park Ridge State High School.
- Applications can be submitted electronically to assessment@parkridgeshs.eq.edu.au



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This section to be completed by the Head of Department (Guidance Officer)

I am satisfied that this application meets the requirements as set down in the school Assessment and AARA policy:

Yes **No**

I have checked class progress and the notes and/or draft completed by the student:

Yes **No**

I am happy to support this application: **Yes** **No**

Comments:

Signature: _____ Date: _____

This section to be completed by Principal or Principal's Delegate

Approved: Yes **No** Date entered on One school: _____

Comments:

Principal or delegate signature: _____ **Date:** _____