

## Application for AARA (Access Arrangements and Reasonable Adjustments). Principal Reported & QCAA Approved

STUDENT DETAILS								
STUDENT NAME & YEAR LEVEL:						☐ Year 11 ☐ Year 12		
DATE SUBMITTED:					L			
CONDITION DETAILS								
CONDITION TYPE: Tick One	Permanent	Permanent Temporary Intermittent						
CONDITION CATEGORY:	Cognitive	ognitive Physical Sensory Social		Social	l/Emotional			
CONDITION NAME:								
DIAGNOSIS DATE:								
CONDITION EFFECTS (Functional Impact):  Briefly outline how the student's condition impacts on his or her ability to access and/or complete examinations, performances &/or assignments.								
SUBJECT & UNIT DETAILS								
						T T		
Unit number	Unit 1	Uni	it 2	Unit 3		Unit 4	<del>1</del>	
Subjects for which Access Arrangements and Reasonable Adjustments (AARA) Is sought.								
If AARA is sought for all subjects, tick here:								
□ All								
PARENT / STUDENT SIGNATURE								
Parent Signature:		Student Signature:						
APC								
DOCUMENTATION ATTACHED:		YES		NO				
APPROVAL GRANTED:		YES				NO		
AARA TO IMPLEMENT:				<b>'</b>				
DATE:								
SIGNATURE:								