******Access Arrangements and Reasonable Adjustments**

**Year 10-12 College Application Form**

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| Your application will be confidential | | | | | |
| However, certain staff including DP, GO, HOY and teachers may need to know non-confidential details of your circumstances in order to make recommendations and adjustments to best support your application. | | | | | |
| **Instructions for Senior AARA Applications** | | | | | |
| * To be considered, this application must be submitted at a minimum of 2 days before the due date. * Please refer to the Bellbird Park State Secondary College’s Assessment Policy prior to submission of the application. * Granting of AARA is at the discretion of the Principal, 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. | | | | | |
| **Student Details** | | | | | |
| Student Name: | | | | | |
| Date of application: | | | Pathways class: | | |
| **Reason for application** (select from the reasons below): | | | | | |
| extension of time for a piece or pieces of assessment  absence from a scheduled exam  access arrangement to assessment to make it more accessible  reasonable adjustment for students with disabilities | | | | | |
| Subject/subjects: | | | | | |
| Assessment type/types: | | | | | |
| Due date/dates: | | | | | |
| **Eligibility criteria** (select from the conditions and categories below)**:** | | | | | |
| **Time-frame of condition** | **Category** | | | | |
| temporary  intermittent  permanent | Cognitive  Physical  Sensory  Social/emotional | | | Illness  Bereavement  Misadventure | |
| **Student statement explaining reason for application***: Information regarding how your disability, impairment and/or medical condition affects you in assessment***.** | | | | | |
|  | | | | | |
| **Parent/Caregiver statement explaining reason for application:** | | | | | |
|  | | | | | |
| **Supporting evidence (***please attach to application***):** | | | | | |
| medical documentation  evidence of verified disability  official reports | | | legal documentation  Guidance Officer aware  other | | |
| **Parent/Care Giver 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 Deputy Principal in line with College and Queensland Curriculum and Assessment Authority procedures. | | | | |
| Parent Signature: | | Date: | | |
| **Application Submission** | | | | |
| * Applications can be submitted in person and delivered to the front office at the college. * Applications can be submitted electronically to the Head of Year (HOY), Senior Schooling HOD (HODSS) or Year Level Deputy Principal. | | | | |
| **This section to be completed by the Head of Department or HOY** | | | | |
| I am satisfied that this application meets the requirements as set down in the College 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**  ☐ | | | | |
| HOD/HOY Signature: | | Date: | | |
| **Comments:** | | | | |
|  | | | | |
| **This section to be completed by the Guidance Officer or Deputy Principal** | | | | |
| **Approved: Yes  No** | | | | |
| Granted to (date and timeline): | | | | |
| DP Signature: | | Date: | | |
| **Adjustments and Procedures:** | | | | |
|  | | | | |
| **OFFICE ONLY** | | | | |
| scanned and upload to Support Provisions  student and parent/caregiver notified of outcomes  college staff notified of AARA and arrangements | | | | |