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| **JUNIOR AARA APPLICATION** |
| **Student Name:** |  | **PTH:** |  |
| **Name of Staff Member:** |  | **ROLE:** GO / DP / HOD Diverse Learners |
| **Details of Access Arrangement or Reasonable Adjustments required** |  |
| **Time Frame:** |  |
| **Modifications or Adjustments to Assessment Required:**(include subject specific details)e.g. exemption, time extension, word limit reduction, a-typical minimum course-coverage only. |  |
| **Student Signature:** |  | **Date:** \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| **Parent/Caregiver Signature:** |  | **Date:** \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| **Staff Signature:** |  | **Date:** \_\_\_/\_\_\_/\_\_\_\_\_\_ |