## Shalom College AARA Application Form

OR



## Complete form below with attached supporting documentation and return to:

□ Dean of Inclusive Learning - Mrs Staley

Dean of Senior School - Mrs Allen (please circle or tick)

AARA are planned and negotiated a participate in, and complete the rec			ported appropriately to	
Name:		PC Class:		
Date of Birth:		Year Level:	11 / 12 (circle)	
Period Applied for Start Date:		End Date:		
Type of Application (select from the reasons below): <ul> <li>Access extension for assessment instrument/s</li> <li>Absence from a scheduled exam</li> <li>Access arrangement and/or reasonable adjustment for long-term conditions</li> </ul>				
AARA Category	Documentation Required ***Please see documentation requirements***		Documentation Provided	
Cognitive	<ul> <li>Medical report</li> </ul>		YES / NO	
(eg. Intellectual disability; learning	<ul> <li>School statement</li> </ul>			
disorder)	<ul> <li>Personalised Learning Plan (PLP)</li> </ul>			
Physical	Medical report OR		YES / NO	
(eg. Physical injury or disability)	<ul> <li>School Statement</li> </ul>			
Sensory	Medical report OR		YES / NO	
(eg. Autistic Spectrum Disorders)	<ul> <li>School statement</li> </ul>			
Social/Emotional	• Medical report <b>OR</b>		YES / NO	
(eg. Anxiety, depression)	<ul> <li>School statement</li> </ul>			
Illness and/or	Medical report OR		YES / NO	
Misadventure (eg. Sickness; accident; unexpected event)	• Supporting Documentation (ot	her) 🗆		
School Approved Absence	Sporting event invitation/registration      YES/NO			
(eg. Representative sport or cultural event)	Supporting documentation (ot	her) □		

Please complete both sides of this form

Short-term applications (maximum 2 months)				
Short term requests (eg. Extension or exam reschedule):	Short term requests (eg. Extension or exam reschedule):			
Subject 1:	Subject 2:			
Task:	Task:			
Date due/scheduled:	Date due/scheduled:			
New date approved:	New date approved:			
Other Requests:				
Parent Signature				
Dean of Senior School Signature				
Long-term applications				
Subject/s:	Adjustment/s:			
Parent Signature	Student Signature			
Dean of Inclusive Learning Signature	Dean of Senior School Signature			
Office Use Only				
Application complete:				
YES / NO	Principal Approved / QCAA Approved			
Parent, student, HOD informed of decision (in writing)	AARA recorded on Spreadsheet:			
YES / NO	YES / NO			
Additional notes:				