Shalom College AARA Application Form

Complete form below with attached supporting documentation and return to:



| Dean of Inclusive Learning - Mrs Staley | OR |
|---|----|
| Dean of Senior School - Mrs Allen (please circle or tick) | |

| participate in, and complete the req | | | oponed 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): Access extension for assessment instrument/s Absence from a scheduled exam Access arrangement and/or reasonable adjustment for long-term conditions | | | | | | |
| AARA Category | Documentation Requ | iired equirements*** | Documentation Provided | | | |
| Cognitive (eg. Intellectual disability; learning disorder) | Medical report School statement | | YES / NO | | | |
| Physical (eg. Physical injury or disability) | Medical report <i>OR</i> EAP verification covering Unit assessments School Statement | □ 3 and 4 □ □ | YES / NO | | | |
| Sensory (eg. Autistic Spectrum Disorders) | Medical report <i>OR</i> EAP verification covering Unit assessments School statement | □ 3 and 4 □ □ | YES / NO | | | |
| Social/Emotional (eg. Anxiety, depression) | Medical report <i>OR</i> EAP verification covering Unit assessments School statement | □ 3 and 4 □ □ | YES / NO | | | |
| Illness and/or Misadventure | Medical report <i>OR</i>Supporting Documentation (of | □ ther) □ | YES / NO | | | |
| (eg. Sickness; accident; unexpected event) | | | | | | |
| School Approved absence (eg. Representative sport or cultural event) | Sporting event invitation/regisSupporting documentation (ot | | YES/NO | | | |

Please complete both sides of this form

| Short-term applications | s (maximum 2 m | onths) | | | | |
|---|-----------------------|---|-----------------|--|--|--|
| 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 Signa | ture | | | | | |
| | | | | | | |
| Long-term applications | | | | | | |
| Subject/s: | | Adjustment/s: | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Parent Signature | | Student Signature | | | | |
| Dean of Inclusive Learning Sign | ature | Dean of Senior School Si | gnature | | | |
| Office Use Only | | | | | | |
| Application complete: | | | | | | |
| YES / NO | | Principal Approved | / QCAA Approved | | | |
| Parent, student, HOD informed of | decision (in writing) | AARA recorded on Spread | dsheet: | | | |
| YES / NO | | YES / NO |) | | | |
| Additional notes: | | | | | | |
| | | | | | | |