

## Shalom College AARA Application Form



**Complete form below attach supporting documentation and return to:**

- Student Services Coordinator - Mrs Staley **OR**  
 Senior School Coordinator - Mrs Allen (please circle)

AARA are planned and negotiated as early as possible so that eligible students are supported appropriately to participate in, and complete the requirements for, a course of study and assessment.

Name:	PC Class:
Date of Birth:	Year Level: <b>11 / 12</b> (circle)

Application Date: \_\_\_\_\_

<b>Period Applied for</b>	Start Date:	End Date:	
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**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 Required ***Please see documentation requirements***	Documentation Provided
<input type="checkbox"/> <b>Cognitive</b> (eg. Intellectual disability; learning disorder)	<ul style="list-style-type: none"> <li>• Medical report <input type="checkbox"/></li> <li>• School statement <input type="checkbox"/></li> </ul>	YES / NO
<input type="checkbox"/> <b>Physical</b> (eg. Physical injury or disability)	<ul style="list-style-type: none"> <li>• Medical report <b>OR</b> <input type="checkbox"/></li> <li>• EAP verification covering Unit 3 and 4 assessments <input type="checkbox"/></li> <li>• School Statement <input type="checkbox"/></li> </ul>	YES / NO
<input type="checkbox"/> <b>Sensory</b> (eg. Autistic Spectrum Disorders)	<ul style="list-style-type: none"> <li>• Medical report <b>OR</b> <input type="checkbox"/></li> <li>• EAP verification covering Unit 3 and 4 assessments <input type="checkbox"/></li> <li>• School statement <input type="checkbox"/></li> </ul>	YES / NO
<input type="checkbox"/> <b>Social/Emotional</b> (eg. Anxiety, depression)	<ul style="list-style-type: none"> <li>• Medical report <b>OR</b> <input type="checkbox"/></li> <li>• EAP verification covering Unit 3 and 4 assessments <input type="checkbox"/></li> <li>• School statement <input type="checkbox"/></li> </ul>	YES / NO
<input type="checkbox"/> <b>Illness and/or Misadventure</b> (eg. Sickness; accident; unexpected event)	<ul style="list-style-type: none"> <li>• Medical report <b>OR</b> <input type="checkbox"/></li> <li>• Supporting Documentation (other) <input type="checkbox"/></li> </ul>	YES / NO

For long-term conditions, detail adjustments being requested:

Parent Signature	Student Signature
Student Services Coordinator	Senior School Coordinator

<b>Office Use Only</b>	
Application complete: Yes / No	Principal Approved / QCAA Approved
Parent, student, LAC informed of decision (in writing)  YES / NO	AARA recorded on Spreadsheet:  YES / NO
<b>Details of approved AARA:</b>	