Shalom College AARA Application Form

Complete form below with attached supporting documentation and return to:

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

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: 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 Required ***Please see documentation requirements***	Documentation Provided
☐ **Cognitive** (eg. Intellectual disability; learning disorder)	• Medical report ☐ • School statement ☐	YES / NO
☐ **Physical** (eg. Physical injury or disability)	• Medical report ***OR*** ☐ • EAP verification covering Unit 3 and 4 assessments ☐ • School Statement ☐	YES / NO
☐ **Sensory** (eg. Autistic Spectrum Disorders)	• Medical report ***OR*** ☐ • EAP verification covering Unit 3 and 4 assessments ☐ • School statement ☐	YES / NO
☐ **Social/Emotional** (eg. Anxiety, depression)	• Medical report ***OR*** ☐ • EAP verification covering Unit 3 and 4 assessments ☐ • School statement ☐	YES / NO
☐ **Illness and/or Misadventure** (eg. Sickness; accident; unexpected event)	• Medical report ***OR*** ☐ • Supporting Documentation (other) ☐	YES / NO
☐ **School Approved absence** (eg. Representative sport or cultural event)	• Sporting event invitation/registration ☐ • Supporting documentation (other) ☐	YES/NO

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

Senior School Coordinator Signature

Long-term applications

Subject/s:	**Adjustment/s:**
Parent Signature	**Student Signature**
Student Services Coordinator Signature	**Senior School Coordinator Signature**

Office Use Only	
Application complete: YES / NO	Principal Approved / QCAA Approved
Parent, student, LAC informed of decision (in writing) YES / NO	AARA recorded on Spreadsheet: YES / NO
Additional notes:	