# AARA Application Information: Long Term

(Disabilities including learning disorders; mental health conditions)

## Access Arrangements and Reasonable Adjustments (AARA)

Varsity College is committed to reducing barriers to success for all students. Access Arrangements and Reasonable Adjustments (AARA) are actions taken by the school to minimise, as much as possible, barriers for a student whose disability, impairment, medical condition or other circumstances may affect their ability to read, respond to or participate in assessment.

The college follows the processes as outlined in the QCE and QCIA policy and procedures handbook available from https://www.qcaa.qld.edu.au/senior/certificates-and-qualifications/qce-qcia-handbook

The college Principal manages the approval of AARA for students through members of the AARA Committee. AARA applications are submitted to the relevant AARA delegate for consideration by the Principal. Please return completed applications with supporting documents to the following delegates:

**Long term**: Disabilities including learning disorders - **Deputy Principal - Inclusion**
**Long term**: Mental health conditions or other conditions - **Guidance Officer – Year 10-12**
**Short term**: Temporary illness or misadventure - **Deputy Principal - Year 11 and 12**.

All AARA applications must be accompanied by the relevant supporting documentation (outlined in Section 6.5.1 of the QCE and QCIA policy and procedures handbook) and made as far in advance as possible to meet the QCAA timelines. All evidence used to make decisions is recorded in the student's file by the Principal or their delegate.

Students are **not** eligible for AARA on the following grounds:

- unfamiliarity with the English language
- teacher absence or other teacher-related issues
- matters that the student could have avoided (such as technology issues)
- matters of the student's or parent's/carer's own choosing (such as holidays or sporting events)
- matters that the school could have avoided.

## How decisions are made

Principals consider the limitations and restrictions and functional impact of the disability, impairment, medical condition or other circumstances and the specific types of adjustments that allow individual students to access the assessment and/or demonstrate what they know or can do. The decisions about adjustments may not be the same for every student or the same for each student for every assessment. Teachers and schools rely on evidence to make professional judgments about the types of adjustments provided for students. This evidence will reflect a wide range of practices of teachers and schools in meeting the educational needs of their students consistent with obligations under the DDA, the DSE and best teaching practice. The adjustment/s should not prevent the student from demonstrating the objectives of the assessment.

The decisions may involve an adjustment to:

- how the instrument is presented to the student (e.g. for a student with a hearing impairment verbal instructions may be provided as written instructions)
- how the student responds to the assessment (e.g. a student with Developmental Coordination Disorder — DCD may complete the assessment using a computer with approved software)
- the time allowed (e.g. a student with Attention Deficit Hyperactivity Disorder (ADHD) may have five minutes per half-hour extra time provided in supervised assessment)
- the scheduling (e.g. a student completes an assessment at a later time than others because of a car accident on the day of the assessment)
- the environment in which the assessment is undertaken (e.g. a student may sit in a different room to the other students as they need a reader)
- the mode of the assessment (e.g. a student with an injury may perform a different physical activity from the rest of the cohort in PE in order to be able to demonstrate the unit objectives).

## Applying for a long term AARA

Students in Year 11 wishing to apply for an AARA must do so before the due date set by the Principal. This will be before the first assessment period in Term 1, or Unit 1. The student, along with their parent or carer, will complete the AARA Application Form (Long Term) [Form 1], and submit this along with appropriate medical documentation. More information regarding appropriate medical documentation is provided below.

## Medical documentation required

Students must submit the original diagnoses report or documentation outlining the impacts of their disability and recommendations for adjustments. If the diagnoses were made prior to Year 10, students will also need to have an approved practitioner write a report outlining the information below, **or** have them complete the AARA Medical Report Long Term [Form 2]. For mental health conditions, a medical report no older than six months than the assessment period is required. Please note that supporting documentation must be included with your AARA application for consideration of submission as per QCAA guidelines.

### Approved practitioners

The medical report must be completed by a relevant practitioner who is a general practitioner (GP), medical specialist, or psychologist (registered under Queensland's Medical Practitioners Registration Act 2001 and/or Queensland's Psychologists Registration Act 2001), and who is not related to the student or employed by the school.

### Information required to be included in the report

- the disability, illness, or condition (including details of a diagnosis, where applicable)
- date of onset or occurrence of the disability, illness and/or medical condition (must cover date of assessment)
- symptoms, treatment or course of action related to the medical condition or event
- explanation of the probable effect of the disability, illness or condition on the
- student's participation in the assessment, particularly timed assessment when considering timed assessment
- professional recommendations regarding AARA provisions

**Application Form 1 begins on next page**

**Form 1**

# AARA Application Form: Long Term

## Disabilities including learning disorders; mental health conditions

This application form is completed by students and parents and submitted, with the relevant, required supporting documentation, to:

- Disabilities including learning disorders: **Deputy Principal – Inclusion**
- Mental health conditions or other conditions: **Guidance Officer – Year 10-12**

| | | | |
|---|---|---|---|
| **Student Name:** | | **Roll Class:** | |
| **Application Date:** | | | |

**Category of Disability**

(select all that apply and specify where relevant)

☐ **Cognitive**

- ☐ Specific Learning Disorder (Reading, Writing, Mathematics)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Developmental Language Disorder (DLD)
- ☐ Intellectual Disability
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Other _____

☐ **Physical**

- ☐ Long-term physical injury or mobility condition
- ☐ Developmental Coordination Disorder (DCD)
- ☐ Medical Condition (please specify) _____
- ☐ Other _____

☐ **Sensory**

- ☐ Visual impairment
- ☐ Hearing impairment/Deaf and hard of hearing
- ☐ Other _____

☐ **Social/ Emotional**

- ☐ Autism Spectrum Disorder (ASD)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Anxiety
- ☐ Depression
- ☐ Mental Health Disorder
- ☐ Other _____

# Recommended adjustments

Please indicate which adjustments you would like to request.
Only the recommendations indicated below will be applied for. These recommendations must be supported by the medical report or form from your practitioner.

| ✓ Please tick | AARA | Detail |
|---|---|---|
| | **Alternative format** | e.g. Braille, enlargement, electronic format |
| | **Assistance** | e.g. assistance with manipulation of equipment, using the students name and providing reassurance and prompting to begin/continue |
| | **Assistive technology** | e.g. amplification system, view digital stimulus, use magnifier, voice recognition and/or screen reader. Schools should only apply for assistive technology if the student is already familiar with using the assistive technology. |
| | Bite-sized food | Unobtrusive food (not crunchy or strong smelling) in a clear container |
| | Comparable assessment | Not previously administered to students in subject cohort - given on a different date |
| | **Computer** | Computer - Desktop or laptop with approved software - see information sheet. Apply for by subject if required. Contact AARA Unit for advice if unsure. |
| | Diabetes Management | e.g. bite size food, BG monitoring equipment, additional time to manage aspects of this condition |
| | Drink (other than water) | Other than water, required for a medical reason |
| | Extension | Extension to the due date for a non-exam |
| | **Extra time** | Additional exam working time - five minutes per half hour |
| | Individual instructions | Unannotated copy of written instructions |
| | Medication | Only prescribed |
| | Other | Based on the functional impact of a student's condition<br>e.g. Presentations pre-recorded, presenting to teacher or small group only |
| | Physical equipment and environment | e.g. Specialised desk, cushion, heat or cold pack, silent fidget tools, other |
| | **Reader** | Reading the assessment or the student's response aloud as often as the student requests - see information sheet |
| | Reduced Audience | For presentations – present in front of small group, teacher only, or pre-recorded |
| | **Rest breaks** | Time to rest. Five minutes per half hour, taken at any time during the assessment - see information sheet |
| | **Scribe** | Someone transcribing the student's verbal response or direction during assessment – see information sheet |
| | Varied seating<br>- *out of order in the main exam room* | |
| | Varied seating<br>- *small group supervision in separate room* | |
| | Varied seating<br>- *own room* | |
| | Vision aids | e.g. coloured transparency, different lighting, other |

***** AARA in bold indicate QCAA approved provisions**

| | |
|---|---|
| **Parent/Carer Statement** *(optional)*<br><br>(Please briefly describe the impact the above disabilities or conditions have on the student's ability to complete assessment tasks) | |
| **Student Statement** *(optional)*<br><br>(Please briefly describe the impact the above disabilities or conditions have on your ability to complete assessment tasks) | |
| **Documentation provided with this application** | ☐ **AARA Application Form: Long Term** [Form 1]<br><br>☐ **Original medical report detailing diagnosis**<br><br>☐ **Recent medical report confirming diagnosis** (Year 10 enrolment year onwards)<br><br>☐ **AARA Medical Report: Long Term** [Form 2] |

| | |
|---|---|
| Student Signature:<br><br>Date: | Parent/Carer Signature:<br><br>Date: |
| Student Case Manager Name (if relevant): | |

**Form 2**

# AARA Medical Report: Long Term

Disabilities including learning disorders; mental health conditions

Health practitioners **may** use this medical report template. If the health practitioner does not use this medical report template, they must supply a current medical report containing the relevant information outlined on page 2 of the application information.

## Part A: Student and Health Practitioner Details

| Student Details | |
|---|---|
| Student name: | |
| I give permission for my health professional to provide information concerning this application to Varsity College and the QCAA, if required. | |
| Student signature: | Date: |
| Parent/Carer signature:<br>(if student is under 18) | Date: |

| Health Professional Details | |
|---|---|
| Name: | |
| Profession: | |
| Phone: | |
| Specialty/qualifications:<br>(if applicable) | |
| Place of work: | |
| Registration number: | |
| Practice stamp:<br>(if applicable) | |
| Health Professional Signature: | Date: |

## Part B: Details of disability, impairment and/or medical condition

| | |
|---|---|
| Diagnosis: | |
| Date of diagnosis: | |
| Date of occurrence/ onset: | |

| **Identify the category of disability (as per the NCCD) in which impacts the student the greatest. Select all that apply, specifying where relevant.** | **Provide a brief summary of the student's disability, impairment and/or medical condition, including symptoms and impacts** |
|---|---|
| ☐ **Cognitive**<br><br>☐ Specific Learning Disorder (Reading, Writing, Mathematics)<br>☐ Attention Deficit Hyperactivity Disorder (ADHD)<br>☐ Developmental Language Disorder (DLD)<br>☐ Intellectual Disability<br>☐ Autism Spectrum Disorder (ASD)<br>☐ Other _____ | |
| ☐ **Physical**<br><br>☐ Long-term physical injury or mobility condition<br>☐ Developmental Coordination Disorder (DCD)<br>☐ Medical Condition (please specify)<br>_____<br>☐ Other _____ | |
| ☐ **Sensory**<br><br>☐ Visual impairment<br>☐ Hearing impairment/Deaf and hard of hearing<br>☐ Other _____ | |
| ☐ **Social/ Emotional**<br><br>☐ Autism Spectrum Disorder (ASD)<br>☐ Attention Deficit Hyperactivity Disorder (ADHD<br>☐ Anxiety<br>☐ Depression<br>☐ Mental Health Condition (please specify)<br>_____<br>☐ Other _____ | |

## Part C: Effect/impact on learning in the classroom

Comment on how the disability, impairment and/or medical condition would affect this student's daily functioning in the classroom.

- ☐ Difficulties with attention/concentration
- ☐ Difficulties with writing and fine motor tasks
- ☐ Difficulties with mobility
- ☐ Difficulties with written language and expression
- ☐ Difficulties with reading
- ☐ Difficulties with numeracy
- ☐ Difficulties with anxiety and mental health
- ☐ Difficulties accessing curriculum due to vision
- ☐ Difficulties accessing the curriculum due to hearing
- ☐ Difficulties accessing the curriculum due to learning disorder
- ☐ Other (please outline details)

| Provide comments: |
| --- |
| |

## Part D: Effect/impact on exams (timed assessment)

Comment on the probable effect of this disability, impairment and/or medical condition on this student's capacity to complete timed assessment.

- ☐ Inability to sit exam at nominated time due to illness
- ☐ Inability to write due to physical injury
- ☐ Inability to complete written exam within nominated time
- ☐ Inability to complete assessment without rest/movement breaks
- ☐ Inability to complete exams without adult support to maintain focus and redirect if required
- ☐ Inability to present oral presentations to a large group of students
- ☐ Inability to read standard format of exam due to vision impairment
- ☐ Inability to sit exams without changes to physical environment and without physical equipment
- ☐ Inability to complete exams without additional time for medical management (e.g. diabetes)
- ☐ Other (please outline details)

| Provide comments: |
| --- |
| |

# Part E: Recommended adjustments

Please indicate which adjustments are recommended for the student.
Only the recommendations indicated below will be applied for.

| ✓ Please tick recommendation | AARA | Detail |
|---|---|---|
| | **Alternative format** | e.g. Braille, enlargement, electronic format |
| | **Assistance** | e.g. assistance with manipulation of equipment, using the students name and providing reassurance and prompting to begin/continue |
| | **Assistive technology** | e.g. amplification system, view digital stimulus, use magnifier, voice recognition and/or screen reader. Schools should only apply for assistive technology if the student is already familiar with using the assistive technology. |
| | Bite-sized food | Unobtrusive food (not crunchy or strong smelling) in a clear container |
| | Comparable assessment | Not previously administered to students in subject cohort - given on a different date |
| | **Computer** | Computer - Desktop or laptop with approved software - see information sheet. Apply for by subject if required. Contact AARA Unit for advice if unsure. |
| | Diabetes Management | e.g. bite size food, BG monitoring equipment, additional time to manage aspects of this condition |
| | Drink (other than water) | Other than water, required for a medical reason |
| | Extension | Extension to the due date for a non-exam |
| | **Extra time** | Additional exam working time - five minutes per half hour |
| | Individual instructions | Unannotated copy of written instructions |
| | Medication | Only prescribed |
| | Other | Based on the functional impact of a student's condition<br>e.g. Presentations pre-recorded, presenting to teacher or small group only |
| | Physical equipment and environment | e.g. Specialised desk, cushion, heat or cold pack, silent fidget tools, other |
| | **Reader** | Reading the assessment or the student's response aloud as often as the student requests - see information sheet |
| | Reduced Audience | For presentations – present in front of small group, teacher only, or pre-recorded |
| | **Rest breaks** | Time to rest. Five minutes per half hour, taken at any time during the assessment - see information sheet |
| | **Scribe** | Someone transcribing the student's verbal response or direction during assessment – see information sheet |
| | Varied seating<br>- *out of order in the main exam room* | |
| | Varied seating<br>- *small group supervision in separate room* | |
| | Varied seating<br>- *own room* | |
| | Vision aids | e.g. coloured transparency, different lighting, other |

***** AARA in bold indicate QCAA approved provisions**

Please provide further details of above recommendations if required: