

Woodridge State High School - AARA Application Short Term/Temporary, Illness and Misadventure

Student Name: _____ Roll Class: _____

Select the reason for your AARA application from the list and provide further details in the space below:

- ☐ Short Term Condition _____
- ☐ Temporary Injury _____
- ☐ Mental Health Condition _____
- ☐ Illness _____
- ☐ Misadventure _____

LIST THE ASSESSMENT/S TO WHICH THE AARA WILL BE APPLIED (Student to complete):

| Subject Name | Teacher Code | Number (IA1/#1) | Type of Assessment (Exam, Research Investigation) | Original Due Date | Revised Date (IPLC HOD to complete) |
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Varied Assessment Conditions Requested: (Refer to WSHS Adjustment Glossary if required)

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| <input type="checkbox"/> Adjustment to conditions (e.g. Response mode) <input type="checkbox"/> Bite-sized food <input type="checkbox"/> Comparable assessment <input type="checkbox"/> Computer/laptop <input type="checkbox"/> Diabetes management <input type="checkbox"/> Drink <input type="checkbox"/> Extension length: _____ | <input type="checkbox"/> Extra time - length: _____ <input type="checkbox"/> Medication <input type="checkbox"/> Reschedule/Comparable Assessment <input type="checkbox"/> Rest Breaks (5mins/30mins of exam) <input type="checkbox"/> Scribe <input type="checkbox"/> Varied Seating: within room/alternative room <input type="checkbox"/> Other (please specify: _____) |
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Student's Name: _____

Parent/Carer's Name: _____

Student Signature: _____

Parent Signature: _____

Date: _____

Date: _____

EVIDENCE REQUIRED

| | |
|---|--|
| Internal Assessments <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Police report <input type="checkbox"/> Death/funeral notice <input type="checkbox"/> School statement <input type="checkbox"/> Student statement (optional) | For Short term/temporary, illness or misadventure , provide a Medical certificate from a registered GP, specialist or psychologist. The practitioner must not be related to student). For non-medical claims , written evidence from a relevant independent professional or other independent third party, such as a social worker, member of the clergy, policy officer, solicitor or funeral director. |
| External QCAA Exams <input type="checkbox"/> Medical report/certificate <input type="checkbox"/> School statement <input type="checkbox"/> Student statement (optional) <u>*Important – Medical report must be QCAA format only. Found on student SharePoint*</u> | For Short term/temporary, illness or misadventure , provide a report from an independent health professional that includes the following details: - the illness, condition or event (including diagnosis details, if applicable) - date of diagnosis, onset or occurrence - symptoms, treatment or course of action related to the condition/event - explanation of probable effect of illness, condition or event on the student's participation in the assessment |

Once you have the correct evidence, attach it to this application and take it to the IPLC HOD for each subject the AARA applies to

OFFICE USE ONLY

| HOD | SIGNATURE | HOD | SIGNATURE |
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ADMINISTRATION CHECKLIST:

ACTIONED BY:

DATE:

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| <input type="checkbox"/> Supporting evidence accompanies the application | | |
| <input type="checkbox"/> Documents scanned and uploaded to Student OneSchool Support Tab, including AARA application and supporting evidence | | |
| <input type="checkbox"/> Parent, student, teacher and IPLC HOD emailed decision | | |
| <input type="checkbox"/> Contact recorded on OneSchool, including Revised Due Date | | |
| <input type="checkbox"/> QCAA application completed on the portal | | |
| <input type="checkbox"/> DP IPLC 10-13 advised (Year 12 students only) | | |
| <input type="checkbox"/> Hard copies of application & supporting documents filed in student file in Administration office | | |

DEPUTY PRINCIPAL IPLC YEAR 10-12 (YEAR 12 ONLY APPLICATIONS ONLY)

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|-----------------------|------------------------------|--|--|
| Name: | | Signature: | |
| Application Approved: | <input type="checkbox"/> YES | <input type="checkbox"/> NO (does not meet required criteria). Feedback: | |