



# Woodridge State High School - AARA Application Long-Term/Chronic Conditions

Student Name: \_\_\_\_\_ Roll Class: \_\_\_\_\_

## CATEGORY AND CONDITIONS FOR ONGOING &/OR PERMANENT AARA

<b>Cognitive</b>	<input type="checkbox"/> Downs Syndrome <input type="checkbox"/> Foetal Alcohol syndrome <input type="checkbox"/> Language disorder <input type="checkbox"/> Learning disability <input type="checkbox"/> Dyslexia <input type="checkbox"/> ASD-adjustments related to teaching & learning <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Central auditory processing disorder <input type="checkbox"/> Other:	<b>Social/ Emotional</b>	<input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Oppositional defiant disorder <input type="checkbox"/> Depression <input type="checkbox"/> Reactive Attachment Disorder <input type="checkbox"/> ASD - adjustments or social-emotional support. <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Other:
	<input type="checkbox"/> Cerebral palsy Dyspraxia <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Juvenile Arthritis Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Other:		<input type="checkbox"/> Hearing impairment <input type="checkbox"/> Conductive hearing loss <input type="checkbox"/> Chronic otitis media <input type="checkbox"/> Vision impairment <input type="checkbox"/> Nystagmus <input type="checkbox"/> Cortical vision impairment <input type="checkbox"/> Other:

## Level of Adjustment

<input type="checkbox"/> <b>Supplementary</b>	<input type="checkbox"/> <b>Substantial</b>	<input type="checkbox"/> <b>Extensive</b>	<input type="checkbox"/> <b>Extensive +</b>
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## Varied Assessment Conditions Requested: (Refer to WSHS Adjustment Glossary if required)

<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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## List subjects in which student requires adjustments:

Subject Name	Teacher Code

Student's Name: \_\_\_\_\_

Parent/Carer's Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

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

**EVIDENCE REQUIRED**

**Students with a disability**–EAP verification \*\*Year 12 students– school applies on their behalf to QCAA\*\*

For **disability, impairment and/ or medical condition**

- EAP report can be available from special education unit.
- If verification has expired an updated medical report is required

**Evidence** (*Unverified students – will apply to the IPLC HOD for year 7-11*)

- ☐ Medical report
- ☐ Teacher observations
- ☐ Standardised test results
- ☐ Other (please specify)

**\*\*Important** –Year 12 Students must have the Medical report in the QCAA template only\*\*

For **students not verified under AIMS** medical report must outline:

- diagnosis of disability and/or medical condition
- date of diagnosis
- date of occurrence/onset of disability and/or medical condition
- symptoms, treatment or course of action related to disability &/or medical condition
- information of how diagnosed disability, impairment and/or medical condition affects student's participation in assessment, particularly timed assessment E.g. External/Internal Exams
- Professional recommendations regarding AARA.

Once you have the correct evidence attached to the application, take it to the relevant IPLC HODs for each subject of the AARA

**OFFICE USE ONLY**

HOD	SIGNATURE	HOD	SIGNATURE

**ADMINISTRATION CHECKLIST:****ACTIONED BY:****DATE:**

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

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

Name:

Signature:

Approved:

☐ YES☐ NO (does not meet required criteria). Feedback:

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