

St John's College, Nambour

AARA & School Approved Absence Form

(Years 11&12)



Access arrangements and reasonable adjustments are action/s taken by the school so that an eligible student with impairment as a result of disability and/or medical conditions or experiencing other circumstances creating a barrier to the completion of assessment can be assessed on the same basis as other students.

What sections of this form need to be completed?			
✓	Section	When to complete	Due dates
<input type="checkbox"/>	Section A: Student information	Must be completed for all applications.	See below.
<input type="checkbox"/>	Section B: Illness and misadventure & School approved absences	Unforeseen absences that are out of the student's control. For example, accident or illness.	Forms must be completed and submitted to the College with the required documentation within 48 hours of the assessment.
		School approved absences including representative sport.	Forms must be completed and submitted to the College with the required documentation two weeks prior to the assessment due date.
<input type="checkbox"/>	Section C: Ongoing AARA	Common ongoing AARA include: alternative exam conditions such as extra time, rest breaks, separate seating medical allowances etc...	Forms must be completed, and submitted to the College with the required documentation by: AARA for Units 1&2: 28 February (of Year 11) AARA for Units 3&4: 31 August (of Year 11) AARA for External Assessment: 31 May (of Year 12)

AARA Resource Links	
Forms: <ul style="list-style-type: none"> AARA Form Confidential Student Statement School Statement Medical Report AARA Imputed Disability Assessment Schedules 	College website https://www.stjohns.qld.edu.au/learning/Pages/Assessments-and-Exam.aspx
QCAA Information	QCAA Website https://www.qcaa.qld.edu.au/senior/assessment/aara QCE & QCIA handbook https://www.qcaa.qld.edu.au/senior/certificates-and-qualifications/qce-qcia-handbook/6-aara

Section A: Student Information	
Student name:	
Student ID:	
Application date:	
Application received date: (office use only)	
Provisional Approval (AP)	<div style="display: flex; justify-content: space-between;"> <div>Signed:</div> <div>Date:</div> </div>

Section B: Illness and misadventure & School approved absence

In the event of an extension request for an assignment, students should be able to show evidence of a willingness to complete the assessment by the indicated submission date (e.g. notes, first draft, etc.). If a student cannot demonstrate evidence that they have made progress comparable with the time given, an extension may not be granted. Final approval of any AARA will be made by the Assistant Principal: Learning and Teaching in consultation with relevant parties.

Subject/s:			
Subject teacher/s:			
Assessment task:			
Assessment type:	<input type="checkbox"/> Exam <input type="checkbox"/> Assignment <input type="checkbox"/> Practical		
Assessment dates: <small>complete relevant dates</small>	Exam/practical date: OR Assignment issue date: _____ Assignment due date: _____		
Reason(s) for requesting an AARA / School approved absence <small>How does the illness/misadventure affect your ability to complete the assessment by/on the due date?</small>			
AARA Requested by student <small>eg. Extension, comparable task...</small>			
AARA requested for	<input type="checkbox"/> Units 1&2	<input type="checkbox"/> Units 3&4	<input type="checkbox"/> External Assessment
Required documentation attached	<input type="checkbox"/> School Statement <input type="checkbox"/> Medical report <input type="checkbox"/> Other (please specify)		
Student signature	Signed: _____		Date: _____
Parent/carer signature	Signed: _____		Date: _____
Class teacher signature	Signed: _____		Date: _____
Adjustments recommended by CML <small>Be specific with dates.</small>	<div style="text-align: right;">Signed: _____ Date: _____</div>		
Office use only			
Assistant Principal Learning & Teaching	<input type="checkbox"/> Approved <input type="checkbox"/> NOT approved		
	Adjustments approved: _____ <div style="text-align: right;">Signed: _____ Date: _____</div>		
ML School Operations	AARA Register updated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Approved copy emailed to: CML / Subject Teacher / Student / PML / Assistant Principal / Parents / ML School Operations / GC / LE		

Section C: Ongoing AARA Requests

	Subject	Assessment items & dates	Teacher
Subject/s Assessment items & dates Teacher/s			
Reason(s) for requesting an AARA			
AARA Application Category	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Physical	<input type="checkbox"/> Sensory <input type="checkbox"/> Social/Emotional
AARA requested for	<input type="checkbox"/> Units 1&2	<input type="checkbox"/> Units 3&4	<input type="checkbox"/> External Assessment
AARA requested by student	<input type="checkbox"/> Extra time	<input type="checkbox"/> Medication	<input type="checkbox"/> Individual instructions
	<input type="checkbox"/> Rest breaks	<input type="checkbox"/> Varied seating	<input type="checkbox"/> Physical equipment & environment
	<input type="checkbox"/> Computer	<input type="checkbox"/> Assistance	<input type="checkbox"/> Alternative format papers
	<input type="checkbox"/> Reader	<input type="checkbox"/> Bite-sized food	<input type="checkbox"/> Vision aids
	<input type="checkbox"/> Scribe	<input type="checkbox"/> Alternative location	<input type="checkbox"/> Diabetes management
	<input type="checkbox"/> Drink	<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Other:
	Notes:		
Required documentation attached	<input type="checkbox"/> School statement <input type="checkbox"/> Medical report <input type="checkbox"/> Evidence of verified disability <input type="checkbox"/> Evidence of imputed disability <input type="checkbox"/> Other (please specify)		

Office use only			
AARA initiated by	Staff member name:		
	QCAA Portal AARA Application: <input type="checkbox"/> not started <input type="checkbox"/> started <input type="checkbox"/> completed, ready to lodge		
Assistant Principal Learning & Teaching	QCAA Approved AARA lodgment date:	QCAA approval date:	N/A
	<input type="checkbox"/> Principal Approved <input type="checkbox"/> QCAA Approved <input type="checkbox"/> NOT approved		
	Adjustments approved:		
	Signed: _____ Date: _____		
	AARA expiry date: _____ <input type="checkbox"/> N/A		
	Renewal needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of renewal: _____		
ML School Operations	AARA Register updated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	For U3&4, decision notice downloaded and saved into AARA folder: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	AARA Card printed and given to student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Approved copy emailed to: CML / Subject Teacher / Student / PML / Assistant Principal / Parents / ML School Operations / GC / LE		

AARA Card

St John's College, Nambour



Student Name:	
Approved AARA provisions:	
Subjects & Assessment:	
AARA Expiry date:	
Assistant Principal Signature:	

If a student wishes to utilise their AARA provisions, they must present this card to their classroom teacher a minimum of one week prior to their examination date.