Yr 7 to 10 AARA – Long Term

Disabilities including learning disorders; mental health conditions

Pimpama State Secondary College is committed to providing equitable access to assessment for all students. Access Arrangements and Reasonable Adjustments (AARA) are designed to minimise barriers experienced by students whose disability, impairment, medical condition or long-term circumstance affects their ability to demonstrate their learning in assessment.

The College implements AARA in accordance with the **Queensland Curriculum and Assessment Authority (QCAA) QCE and QCIA Policy and Procedures Handbook**. The Principal is responsible for approving school-based AARA decisions and delegates this responsibility to members of the relevant Sub School Team where appropriate.

The College Principal manages the approval of AARA for students through their delegate. AARA applications are submitted to the relevant AARA delegate for consideration by the Principal. Applications with supporting documents are managed by the following delegates:

- Long term: Disabilities including disorders – **Deputy Principal – Inclusive Practices**
- Long term: Medical condition – **Deputy Principal – Junior or Middle School**
- Long term: Mental health condition – **Guidance Officer**

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 adjustments 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 Long-Term AARA

Students and families wishing to apply for an AARA must do so at the start of each year, or as soon is practically possible. This will be before the first assessment period in Term 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.

Students and parents/carers should:

1. Obtain a Long-Term AARA Application Form from the Sub School Team or the College website – College Assessment Policy.
2. Complete the application – including parent statement and student statement
3. Attach all required supporting documentation ie. medical
4. Submit the application as early as possible to allow sufficient time for consideration and implementation of approved adjustments.

Supporting Documentation

Applications must include **current**, independent medical or specialist evidence. 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 transitioning to high school, 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.

Supporting documentation should:

- confirm the diagnosis or condition
- describe the functional impact on learning and assessment
- include the date of diagnosis or onset
- outline current treatment (where relevant)
- provide recommendations for appropriate assessment adjustments.

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.

How AARA Decisions are Made

Each application is considered individually. Considerations include:

- the student's functional impact in assessment
- the supporting evidence provided
- previous adjustments used successfully at school
- QCAA eligibility requirements.

Approved adjustments are designed to remove barriers while ensuring the assessment requirements and learning objectives remain unchanged.

Examples of Approved Adjustments

Depending on individual needs, approved AARA may include:

- additional assessment time
- rest breaks
- alternative assessment format
- use of a computer or approved assistive technology
- reader and/or scribe
- varied seating or separate supervision
- comparable assessment or extension (where appropriate)
- other reasonable adjustments approved under QCAA guidelines.

Important Information

Students are **not** eligible for AARA due to:

- unfamiliarity with English
- teacher absence or school-related matters
- poor preparation
- technology issues that could reasonably have been avoided
- holidays, sporting commitments or other circumstances of the student or family's choosing.

Providing an application does not guarantee approval. Each application is assessed individually in accordance with QCAA requirements and the supporting evidence provided.

PIMPAMA
STATE SECONDARY COLLEGE

Application Form 1 begins on the next page

AARA – Long Term – Form 1

Disabilities including learning disorders & mental health conditions

*This application form is completed by students and parents/caregivers and submitted, with the relevant, required supporting documentation to the **relevant Sub School Deputy Principal** or the **Deputy Principal – Inclusive Practices.***

Student Name:_____ Year Level:_____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_____

PIMPAMA STATE SECONDARY COLLEGE

RECOMMENDED ADJUSTMENTS – STUDENT/PARENT COMPLETED

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

✓ Please tick	ADJUSTMENT(S)	DETAIL
☐	Alternative Format	e.g. enlarged print, electronic format, braille
☐	Assistance	e.g. a teacher aide assisting with manipulation of equipment and other practical tasks
☐	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.
☐	Diabetes Management	e.g. bite size food, BG monitoring equipment, additional time to manage aspects of this condition
☐	Drink (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 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 – out of order in the main exam room	
☐	Varied Seating – small group supervision in separate room	
☐	Varied Seating – own room	
☐	Vision Aides	e.g. coloured transparency, different lighting, other

PIMPAMA STATE SECONDARY COLLEGE

STUDENT STATEMENT (optional) *Briefly describe the impact the above conditions have on your ability to complete assessment tasks*

PARENT/CARER STATEMENT (optional) *Briefly describe the impact the above conditions have on the student's ability to complete assessment tasks*

SUPPORTING DOCUMENTATION	
☐ AARA Application Form: Long Term [Form 1] ☐ AARA Medical Report: Long Term [Form 2] *or* ☐ Original medical report detailing diagnosis	
Student Signature:	**Parent Signature:**

ADMINISTRATIVE USE ONLYOFFICE USE ONLY	
Application received (date): Application reviewed (date):	Staff reviewing the application: 1/ 2/
Application Complete: YES NO	Principal Approved / QCAA Approved/ Unapproved
Teacher, HOD informed of decision via email: YES NO (Document correspondence in OS)	AARA recorded on OneSchool (PLR tab)
Parent, student informed of decision: YES NO (Document correspondence in OS)	AARA recorded on SharePoint Register: YES NO
For Unapproved applications, the following feedback applies:	

AARA – Medical Report – Form 2

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 1 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 Pimpama State Secondary College and the QCAA, if required.	
Student Signature:	**Date:**
Parent Signature:	**Date:**

HEALTH PRACTITIONER DETAILS	
Name:	
Profession:	
Phone:	
Specialty/qualifications: (If applicable)	
Place of work:	
Registration number:	
Practice Stamp: (If applicable)	
Health Professional Signature:	**Date:**

PIMPAMA STATE SECONDARY COLLEGE

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** ☐ 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_____	

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:

PIMPAMA STATE SECONDARY COLLEGE

RECOMMENDED ADJUSTMENTS – COMPLETED BY HEALTH PROFESSIONAL

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

✓ Please tick	ADJUSTMENT(S)	DETAIL
☐	Alternative Format	e.g. enlarged print, electronic format, braille
☐	Assistance	e.g. a teacher aide assisting with manipulation of equipment and other practical tasks
☐	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.
☐	Diabetes Management	e.g. bite size food, BG monitoring equipment, additional time to manage aspects of this condition
☐	Drink (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 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
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☐	Varied Seating – out of order in the main exam room	
☐	Varied Seating – small group supervision in separate room	
☐	Varied Seating – own room	
☐	Vision Aides	e.g. coloured transparency, different lighting, other

Please provide further details of the above recommendations if required: