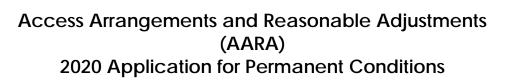
## PALM BEACH CURRUMBIN STATE HIGH





Student Name: Year Level:			
Тур	e of Condition: Permanent (Long Term Conditions)		
Pe	iod of AARA: ( <i>Please tick</i> ) □Unit 1 □Unit 2 □Unit 3 □Unit 4		
Ot	ner timeframe:		
AA	RA Category		
Ple	ase tick and briefly state the condition for each AARA eligibility category.		
	Cognitive (e.g. specific learning disability [i.e. Dyslexia], ADD/ADHAD, executive function disorders, intellectual disability):		
	Physical (e.g. Diabetes, Cerebral Palsy, Epilepsy):		
	Sensory (e.g. Vision impairment, hearing impairment, auditory processing disorder)		
	Social/Emotional (e.g. anxiety, depression or other mental health issue i.e. ODD/OCD):		
Me	dical Report attached (mandatory)		
Pa	ent/Caregiver Signature: Date:		
Stu	Student Signature: Date:		
	s form (with original documentation) must be submitted to the Guidance Officer (J BLOCK) as on as possible.		
<u>(O</u>	fice use only)		
Medical Report Attached: ☐Yes ☐No Other Documentation Attached: ☐Yes☐ No			
Ар	oroved Timeframe: □Unit 1 □ Unit 2 □Unit 3 □Unit 4 Other Timeframe:		
Principal Approval: ☐Yes ☐No Signature: Submitted to QCAA: ☐Yes☐ No			
$\circ$	AA Approval: TVes TNo Parent/Caregiver/Student informed of application outcome: TVes TNo		



Adjustments Granted	