PALM BEACH
CURRUMBIN
STATE HIGH

Change to Assessment Conditions, Access Arrangements and Reasonable Adjustments (AARA) Form

Please note: This application must be submitted to the relevant Head of Department or Guidance Officer NO LATER than 48 hours before an assessment item is due. Permission to change assessment conditions is at the discretion of the school.

Student Name: _____ **Year Level**: _____

Teacher Name: _____ **Subject**: _____

Assessment: _____ **Due Date**: _____

Application Date: _____

Medical Certificate supplied: ◯ Yes/No ◯

Other Documentation Supplied: ◯ Yes/No ◯ If yes type: _____

Describe the change to assessment conditions and/or AARA being requested:

_____

_____

_____

Describe the reason for change to assessment conditions and/or AARA:

_____

_____

_____

Student signature: _____ **Date**: _____

Parent signature: _____ **Date**: _____

Change Authorised: ◯ Yes/No ◯ Recorded on OneSchool: ◯ Yes/No ◯

HOD Comment: _____

_____

_____

HOD signature: _____ Date: _____

This document should be attached to assessment with task sheet when submitted.