



## 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:**

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

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**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

HOD Comment: \_\_\_\_\_

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HOD signature: \_\_\_\_\_ Date: \_\_\_\_\_

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