



## Access Arrangements and Reasonable Adjustments (AARA)

### 2020 Application for Permanent Conditions

Student Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

Type of Condition: Permanent (Long Term Conditions)

Period of AARA: (Please tick)  Unit 1  Unit 2  Unit 3  Unit 4

Other timeframe: \_\_\_\_\_

#### AARA Category

Please tick and briefly state the condition for each AARA eligibility category.

- Cognitive (e.g. specific learning disability [i.e. Dyslexia], ADD/ADHD, 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):

\_\_\_\_\_  
\_\_\_\_\_

Medical Report attached (mandatory)  Yes  No

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form (with original documentation) must be submitted to the Guidance Officer (J BLOCK) as soon as possible.**

**(Office use only)** \_\_\_\_\_

Medical Report Attached:  Yes  No Other Documentation Attached:  Yes  No

Approved Timeframe:  Unit 1  Unit 2  Unit 3  Unit 4 Other Timeframe: \_\_\_\_\_

Principal Approval:  Yes  No Signature: \_\_\_\_\_ Submitted to QCAA:  Yes  No

QCAA Approval:  Yes  No Parent/Caregiver/Student informed of application outcome:  Yes  No



---

*Adjustments Granted*

---

---

---