

Confidential school statement

Access arrangements and reasonable adjustments (AARA)

This school statement, or a document containing the same information, must be submitted with all applications for QCAA-approved AARA.

Information provided in this statement will be treated in the strictest confidence and will only be used for the purpose of determining the student's AARA application.

Staff most familiar with the needs of the student in relation to their disability, impairment and/or medical condition should prepare this statement. The information provided needs to be current and relate to the relevant assessment period.

The details of supporting documentation requirements for QCAA-approved AARA can be found in [Section 6.4.5 of the QCE and QCIA policy and procedures handbook](#). Refer also to current [AARA resources](#) to assist in the application process.

For more information, please phone 1300 381 575 or email aara@qcaa.qld.edu.au.

Student details

Student name:	
School:	
LUI:	

Identify the disability, impairment, medical condition or circumstance affecting the student.

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Detail how the student's disability, impairment, medical condition or circumstance affects their daily functioning in the classroom.

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Describe the persistent *functional impact/s* of the condition or circumstance in timed assessment AND provide relevant details of *arrangements/adjustments* the student has used previously to address those impact/s (and enable participation on the same basis as other students).

Note:

- Functional impact/s: affects of the condition or circumstance for the student in the context of timed assessment, e.g. vision impairment affects ability to read text smaller than N24.
- Arrangements/adjustments: actions taken by the school, e.g. provision of alternative format papers, assistive technology, extra time.
- Arrangement/adjustment details, e.g. as relevant — how much time has been required, what kind of assistance is needed, what happens in rest breaks, what assistive technology is used?

Staff member details

Name:	
Role:	
Phone:	
School or organisation:	
Date:	

The information you provide on this form is being collected and used in relation to the functions and powers prescribed under Part 2 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014*. The information will be accessed by QCAA staff and handled in accordance with the *Information Privacy Act 2009*. Information held by the QCAA is subject to the *Right to Information Act 2009*.



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