# **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. The staff member 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 currency for documentation can be found in Section 6.4.5 of the QCE and QCIA policy and procedures handbook.

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

Fill out all fields and sign the last page. Submit this statement as part of an AARA application via the QCAA portal.

#### **Student details**

Student name	
School	
LUI	

### Student disability, impairment and/or medical condition

Comment on how the student's disability, impairment and/or medical condition affects their daily functioning in the classroom					

#### When completed, QCAA classification = SENSITIVE (PERSONAL INFORMATION)

The information you provide on this form will be used for access arrangements and reasonable adjustments (AARA), which are designed to assist students with disability, impairment, medical conditions or other circumstances that may be a barrier to their performance in assessment. The procedures for these arrangements and adjustments are set out in the *QCE and QCIA policy and procedures handbook*. Personal information will be accessed by authorised 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*.





Describe how the disability, impairment and/or medical condition is a barrier to the student's access to the assessment and/or to the student's ability to communicate a response to assessment

What kind of arrangements has the student used previously at school that help them to be able to complete timed assessment?

## Staff member details

This section **must** be signed by the staff member who completed it.

Name					
School/ organisation					
Position					
Phone	Мс	obile			
Email					
Signature		Date	1	/	