

Sunshine Beach State High School

Extension Request form / AARA application



This form is to be used when a student is requesting a change to any conditions regarding a piece of assessment including:

- Due date extension
- Amended assessment task, or modifying the conditions of the assessment task

Please refer to the QCE/QCIA Handbook (senior students) and SBSHS School Assessment Policy for full details

STUDENT	
Name:	Application date:
Student email:	Parent email:
TYPE OF AARA REQUESTED (tick one)	
Extension <input type="checkbox"/>	Complete Part A
Modification <input type="checkbox"/>	Complete Part B

REASON FOR REQUEST (to be elaborated on in other documentation)			
Cognitive <input type="checkbox"/>	Physical <input type="checkbox"/>	Sensory <input type="checkbox"/>	Socio-Emotional <input type="checkbox"/>
*Timeframe: Short term / Ongoing / Permanent			
Request details: _____			

DOCUMENTATION SUPPLIED:			
Medical Certificate (yrs 10-12) OR parental explanation of illness (yrs 7-9)			
QCAA Medical Report (snr students only)			
QCAA School Statement (snr students only)			
QCAA Student Statement (snr students only)			
Other Practitioner Letter			

*how long the adjustment is required for (e.g: 1 week for a viral infection, indefinitely for a permanent disability)

Where to submit your application

1. Students applying for an extension in one subject please submit to the HOD of that subject.
2. Students applying for extensions in multiple subjects please submit to:
 - Teaching & Learning Junior Secondary HOD (Yrs 7 & 8)
 - Teaching & Learning Middle Secondary HOD (Yrs 9 & 10)
 - Teaching & Learning Senior Secondary HOD (Yrs 11 & 12)
3. Senior students applying for changes in conditions please submit to the Teaching & Learning Senior Secondary HOD.
4. You will be informed by email of the decision.

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PART A – REQUEST FOR EXTENSION

To be completed by student				
SUBJECT & ASSESSMENT* *e.g. English / Written assignment / IA2	TEACHER	DUE DATE	REQUESTED DUE DATE	APPROVED NEW DUE DATE

PART B – REQUEST FOR MODIFICATION – QCAA application (Senior students only)

To be completed by student/case manager			
TYPE OF MODIFICATION REQUESTED	RELEVANT SUBJECT/S & ITEMS		TIMEFRAME*
	SUBJECT	ITEM	

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> All relevant sections completed/signed
<input type="checkbox"/> Supporting documentation received
<input type="checkbox"/> Change to conditions align with QCAA requirements
<input type="checkbox"/> Student / HOD / Teacher / Parents / Case Manager / Senior Schooling advised of outcome of AARA application | <input type="checkbox"/> OneSchool record entered / updated
<input type="checkbox"/> AARA spreadsheet updated
<input type="checkbox"/> ID Attend updated
<input type="checkbox"/> Application filed in student file in Admin
<input type="checkbox"/> Modifications arranged/finalised |
|--|--|

To be completed by HOD / Deputy Principal

Date Application Received:	_____	Date Outcome Advised:	_____
Request granted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Application submitted to QCAA <input type="checkbox"/>
Signature: _____		Date: _____	