



Beerwah State High School

VARIATION TO ASSESSMENT APPLICATION

This form is to be used when Year 11 or 12 students are requesting a change to any conditions regarding a piece of assessment including: due date extension, amended assessment task or conditions.

This form must be completed by the student, a parent/guardian, subject teacher and the relevant Faculty HoD. **ALL** steps must be completed before submitting request to the Deputy Principal. A **request for extension** must be completed and submitted at least **48 hours** before the due date. An **application for an AARA** (Access Arrangements and Reasonable Adjustments) can be made up to **two weeks** before the due date.

SECTION A: Student to complete

Student Name:		Form Class:	
Subject Code:		Subject Teacher:	
Date of Application:		Set Due Date:	
Assessment Item/Task:		Application Type:	AARA <input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3 <input type="checkbox"/> U4 <input type="checkbox"/> Due date extension <input type="checkbox"/> Reasonable Adjustment

Reason:

Extension request due date for final submission: / /

Supporting Documentation (attached):

- Medical Certificate Confidential student statement (QCAA-AARA) Confidential medical report (QCAA-AARA)
- Draft/evidence of work completed to date Other: _____

Student signature: _____ Date: / /

Parent Acknowledgement: I have discussed the grounds for this application with my child and I support their request.

Parent signature: _____ Date: / /



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SECTION B: Subject Teacher to Complete

- YES / NO This student's effort on this assessment prior to this application has been satisfactory.
- YES / NO / NA A draft has been completed, marked and returned.
- YES / NO This student has completed prior assessment in this unit of work.
- I (do / do not) support this application.

Comment: _____

Teacher signature: _____ Date: / /

SECTION C: Faculty Head of Department (HoD) to Complete

Application for extension not approved. Reason/s: _____

Extension approved: Draft due: / / **Final due:** / /

Assessment variation approved. Details: _____

Variation to exam date approved. –

Revised exam date: / / Time: Location: _____

Exemption approved. Sufficient alternative evidence is available to make a judgment.

HoD signature: _____ Date: / /

PART D: Year Level Deputy Principal to Complete

- HoD Decision Support YES / NO If NO, reason _____
- Information reported to Guidance Officer (if applicable)

DP signature: _____ Date: / /

PART E: Administration Officer

- Information entered on DayMap.
- Copy sent to subject teacher. DayMap printout to student
- Supporting documentation and photocopy of application filed in student file.
- Original sent to HoD SS for U3 & U4 for QCAA AARA reporting.
- Original (U3 & U4) returned to Office for filing. (HoD SS to complete)

Guidelines for use of this form:

- It is the student's responsibility to have this form completed a minimum of 2 days prior to the due date. For assignments, evidence of work completed to date is to be attached to this application.
- Students/parents must collect this form from the Administration Office or download from the school's website.
- Completion of this form does not constitute a guaranteed variation approval. For Year 11/12 Student AARA information can be found at <https://www.qcaa.qld.edu.au/senior/assessment/aara>