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|  | Confidential school statement on imputed disability  Access arrangements and reasonable adjustments (AARA) |

This school statement, or documentation containing the same information, must be submitted in an application for QCAA-approved AARA for students with imputed disability. It should be completed by relevant school staff, which may include the school guidance officer, head of special education services or other specialist teacher or school-based health practitioner. The information provided needs to be current and relate to the relevant assessment period.

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

Fill out all fields and submit this statement as part of an AARA application via the QCAA Portal.

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| Student details | |
| Student name |  |
| School |  |
| LUI |  |

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| Describe the nature of the imputed disability or impairment from the school’s perspective, including observed functional impacts that have persisted for at least six months and can be substantiated by documented evidence. | | |
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| Yes  No | **Do you have reasonable grounds and documentation to support a judgment that the observed functional impacts on the student’s performance are not a result of factors other than disability** (e.g. English as an additional language or dialect, or a temporary response to circumstances or environmental factors such as a familial issue or a gap in learning)? | |
| Yes  No | **Has the student been included in the Nationally Consistent Collection of Data** (**NCCD)?** | |
| Most recent year of inclusion: |  |
| Level of adjustment most recently reported: |  |

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| Has the student been assessed by a relevant medical practitioner (GP, medical specialist or psychologist)? Upload any relevant reports (previous or current). |
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| Summarise documented evidence that has been collected to impute disability.  In the absence of formal diagnosis, school teams must have reasonable grounds and documented evidence to impute disability. |
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| Summarise any treatment or intervention the student has received to assist with the imputed disability. |
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| Describe the persistent functional impact/s of the condition in timed assessment specifically, AND provide details of arrangements/adjustments the student has used previously to address those impacts and enable participation on the same basis as other students. |
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| Staff member details | | | |
| School/Organisation |  | | |
| Name |  | | |
| Role |  | | |
| Email |  | | |
| Phone |  | Date | /    / |

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| Principal (or delegate) endorsement | | | |
| Name |  | | |
| Signature |  | Date | /    / |

**Electronic signature:** If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*.

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*.