



Extension/Comparable Assessment Form Application Form – Year 11 and 12

Granting an adjustment to assessment a Principal or Principal’s delegate must:

- be reasonably satisfied that the need for the Extension exists
- be able to provide evidence to justify the decision

Return Form:

Printed: Return the completed form to Student Services in the Hub

Electronic: send to AARA@maryboroughshs.eq.edu.au

Students are not eligible for an adjustment on the following grounds:

- unfamiliarity with the English language
- **late extension application after the due date or lack of supporting evidence, for example a medical certificate**
- teacher absence or other teacher-related difficulties
- matters that students are able to avoid (e.g. misreading an exam timetable, misreading exam instruction, ICT issues)
- **matters or absences of the students and parents own choosing e.g. family holidays, sporting or cultural events**

Date of application:	
Student’s name:	
Connect class:	

Eligibility criteria (Select form the conditions below):

Time-frame of condition	Category Extent of Adjustment		
<input type="checkbox"/> Temporary (near assessment time)	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Sensory	<input type="checkbox"/> Illness
	<input type="checkbox"/> Physical	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Misadventure
	<input type="checkbox"/> Social/emotional/mental health		

Assessment items and conditions covered by the extension:

Subject Code	Teacher	Assessment Type	Assessment Stage (Highlight or Circle which apply)	Adjustment	New Date
			Draft/ Final/ Exam condition		
			Draft/ Final/ Exam condition		
			Draft/ Final/ Exam condition		
			Draft/ Final/ Exam condition		
			Draft/ Final/ Exam condition		
			Draft/ Final/ Exam condition		

Provide evidence: (Evidence must be provided with this application – multiple evidence types can be provided – please just tick them below. **Note** - If the school already has the documentation please make a comment below)

Evidence type	Categories relevant	Tick appropriate
Medical certificate	Illness, misadventure, social/emotional/mental health	<input type="checkbox"/>
Statutory declaration	Bereavement, social/emotional/mental health (Guidance Officer or qualified health professional)	<input type="checkbox"/>
Comments:		

PARENT/GUARDIAN AND STUDENT ACKNOWLEDGEMENT:

I have discussed this application with my student and I support the request for an AARA. I acknowledge that this application is subject to approval from the Principal (or delegate) in line with school and QCAA policies.

Parent/Guardian signature:		Date:	
Student signature:		Date:	
Principal’s Delegate signature:		Date:	