



**WOREE STATE HIGH SCHOOL**  
**ASSESSMENT VARIATION REQUEST Years 11-12**  
**Access Arrangements and Reasonable Adjustments (AARA)**

Students whose ability to attend or participate in an assessment is adversely affected by illness or an unexpected event may be eligible for an extension to an existing assessment task, or a change of date to sit a comparable assessment task.

Requests need to be made at least one week before the due date of the assessment task (except in emergency situations) Applications must be submitted to the school Guidance Officer.

Please provide the information below:

|  |  |
|--|--|
| Student Name:  |  |
| AARA Confidential Medical Report (or Medical Certificate detailing all required information in the report) |  |
| Details of illness, condition or event   |  |
| Date of diagnosis, onset or occurrence   |  |
| Symptoms/treatment   |  |
| Probable effect of illness, condition or event on student's participation                                  |  |

**Details of Request and Outcome**

| Subject | Class Teacher | Assessment Task | Requested Change | Approval Decision |
|---------|---------------|-----------------|------------------|-------------------|
|         |               |                 |                  |                   |
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|         |               |                 |                  |                   |

|                                  |                            |                           |
|----------------------------------|----------------------------|---------------------------|
| Student Name (please print)      | Student Signature          | ...../...../.....<br>Date |
| Parent/Carer Name (please print) | Parent/Carer Signature     | ...../...../.....<br>Date |
|                                  | Guidance Officer Signature | ...../...../.....<br>Date |