

Confidential Medical Report

Access arrangements and reasonable adjustments (AARA)

Personalised Learning Plans are developed for all students who have specific learning needs and that require adjustments. Recommendations for these needs and adjustments may be completed by the student's general practitioner (GP), medical specialist, or psychologist (registered under Queensland's Health Practitioner Regulation National Law Act 2009).

By completing this form, you are consenting to the content being used for the development of a Personalised Learning to be formulated and a level of adjustment to be determined in accordance with DDA Standards.

<https://www.nccd.edu.au/tools/introduction-dda-and-standards-presentation>

Information provided in this report will be reviewed by the Student Support Team and a decision on the recommended adjustments will be provided.

Student details

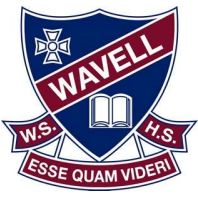
This section is to be completed by the Student

Student name	
LUI	
School	
I give permission for my health professional to provide information concerning this application to be used for the development of a Personalised Learning to be formulated and a level of adjustment to be determined in accordance with DDA Standards.	
Student signature:	Date: / /
Parent/carer signature: (If student is under 18)	Date: / /

Health professional details

This section is to be completed *only* by the health professional for AARA applications (for existing and chronic conditions)

Name	
Profession	
Phone	
Specialty/qualifications (if applicable)	
Place of work	

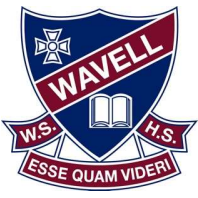


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AARA application

Student name	
Diagnosis	
Date of diagnosis	/ /
Date of occurrence/onset	/ /
Provide a brief history of the student's disability, impairment and/or medical condition, including relevant functional impact/s.	
Is the student currently receiving treatment? Please indicate.	



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In the categories below, please:

1. Comment on how the disability, impairment and/or medical condition is likely to affect this student's daily functioning in the classroom.
2. Comment on what adjustments or supports are recommended for each category.

Attendance (Reduced timetable, reduced subject load)

Behaviour (Behaviour Support Plan, regular student support check in, movement breaks)

Communication (Assistive technology, mutism, support with de-escalation)

Curriculum (Reduced curriculum load, support lessons)

Health and Personal Care (Assistance with managing self care, lift pass)

Exam Conditions (additional time, alternate location)



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Learning Environment (Seating plan, sensory needs, access to support services area)
Safety (Safety plan, check ins, seating plan, modification to classrooms, supported transitions)
Social / Emotional Wellbeing (Check ins with student support, access to student support, reduced timetable, sensory needs, de escalation, stress management assistance)
Transition (Assistance with transitions, additional time for transitions)

Medical Registration number	
Practice stamp (if applicable)	
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*.

Submitting this report

The medical professional should return this form to their patient.