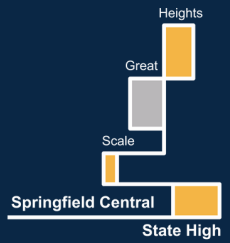


CONFIDENTIAL SCHOOL STATEMENT



Information provided in this statement will be treated in the strictest confidence and will only be used for the purpose of determining the student's AARA application. Staff most familiar with the needs of the student in relation to their disability, impairment and/or medical condition should prepare this statement. The information provided needs to be current and relate to the relevant assessment period.

Student's Name : School :

Identify the disability, impairment, medical condition or circumstances affecting the student.

Detail how the student's disability, impairment, medical condition or circumstance affects their daily functioning in the classroom.

Describe the persistent functional impact/s of the condition or circumstance in timed assessment AND provide relevant details of arrangements/adjustments the student has used previously to address those impact/s (and enable participation on the same basis as other students).

NOTE:

- Functional impact/s: affects of the condition or circumstance for the student in the context of timed assessment, e.g. vision impairment affects ability to read text smaller than N24.
- Arrangements/adjustments: actions taken by the school, e.g. provision of alternative format papers, assistive technology, extra time.
- Arrangement/adjustment details, e.g. as relevant — how much time has been required, what kind of assistance is needed, what happens in rest breaks, what assistive technology is used?

STAFF MEMBER DETAILS

Name :	<input type="text"/>	Signature :	<input type="text"/>
Role :	<input type="text"/>	School or Organisation :	<input type="text"/>
Phone # :	<input type="text"/>	Date :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>