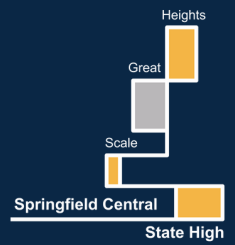


# CONFIDENTIAL STUDENT STATEMENT



A student may complete this statement as part of an application for AARA. 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 used only for the purpose of determining the AARA application. Fill out all fields and sign the last page. Submit this statement through your school, as part of an AARA application.

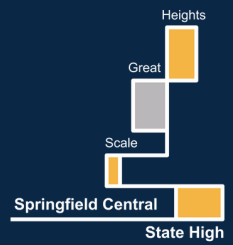
Student's Name :  School :

## STUDENTS DISABILITY, IMPAIRMENT AND/OR MEDICAL CONDITION

Provide a brief history of your disability, impairment and/or medical condition, including symptoms.

Comment on how the disability, impairment and/or medical condition affects your daily functioning in the classroom.

# CONFIDENTIAL STUDENT STATEMENT



Describe how the disability, impairment, and/or medical condition is a barrier to your access to the assessment and/or to your ability to communicate a response to assessment.

What kind of arrangements help you to be able to complete assessment, e.g. extra time, rest breaks, assistive technology?

## AUTHENTICATION

Student signature

Date :   /   /

Parent/carer signature

Date :   /   /

*(if student is under 18)*