

5. When was the disability first diagnosed by a treating professional (date and age)?

6. Are you currently being treated? Yes No

If yes, provide the name, qualifications and contact number of your current treating professional.

7. What treatment and/or medication(s) are currently being prescribed?

III. PAST ACCOMMODATIONS

1. Did you receive disabled-student services, tutoring services, and/or testing accommodations in elementary, middle school or junior high school and/or high school? Yes No

If yes, provide the name of the school(s), years attended and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your disability? _____

What accommodations did you receive? _____

2. Did you receive disabled-student services, tutoring services, and/or testing accommodations in college? Yes No

If yes, provide the name of the school(s), years attended and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your disability? _____

What accommodations did you receive? _____

3. Did you request accommodations to take the LSAT? Yes No

If yes, attach a copy of the letter you received from LSAC detailing the results of your request(s) for testing accommodations for reach administration of the LSAT you took.

What was your disability? _____

What accommodations did you receive? _____

If your request was denied or only partially granted, please explain: _____

IV. ACCOMMODATIONS REQUESTED (check all that apply)

Classroom and Exam Accommodations

- Permission to audiotape class lectures
- Access to large print material (check one: 18 pt. 24 pt. Other _____)
- Semi-Private Room for Exams
- Extra Time for Exams
- Other (please specify): _____

Please provide rationale for requests indicated:

CERTIFICATION AND AUTHORIZATION

I am aware that it is my responsibility to file a complete petition, which includes all necessary forms, and understand that it will not be processed if found to be incomplete. I have attached all original forms, supporting affidavits or documents in legible form.

I understand that it is possible that my application for accommodations and all supporting documents may be referred to an expert consultant retained by the Law School for review. I authorize such disclosure, and further consent to having the Law School contact my specialist to discuss the information provided by the specialist and my request for testing accommodations during law school.

I declare under penalty of perjury under the laws of the State of Georgia that the above information is true and correct. I understand that false statements made herein could be subject to the code of student conduct.

(Applicant Signature)

(Date)

ATLANTA’S JOHN MARSHALL LAW SCHOOL
FORM B
ACADEMIC ACCOMMODATIONS
VERIFICATION

(Please print or type; must be legible)

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending academic accommodations during law school. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant’s full name: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by Atlanta’s John Marshall Law School.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations while enrolled at Atlanta’s John Marshall Law School. All such requests should be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations during law school. Atlanta’s John Marshall Law School also requests the qualified professional to complete this form. **If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.** Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the applicant during law school.

DOCUMENTATION GUIDELINES AND CERTIFICATE OF PROFESSIONAL AUTHORITY

Atlanta's John Marshall Law School (AJMLS) requests documentation of a disability from a qualified evaluator. AJMLS evaluates requests for accommodations on a case-by-case basis. The Association on Higher Education and Disabilities (AHEAD)¹ has identified seven essential elements of disability documentation:

1. The credentials of the evaluator(s)

Documentation should be provided by a licensed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated.

2. A diagnostic statement identifying the disability

Documentation should include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and describes the typical progression or prognosis of the condition.

3. A description of the diagnostic methodology used

Documentation should include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

4. A description of the current functional limitations

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self-report is the most comprehensive approach to fully documenting impact. Relatively recent documentation is recommended in most circumstances.

5. A description of the expected progression or stability of the disability

Documentation should provide information on expected changes in the functional impact of the disability over time and context.

6. A description of current and past accommodations, services and/or medications.

¹ Association on Higher Education and Disability (AHEAD). AHEAD best practices disability documentation in higher education. <http://www.ahead.org/resources/bestpracticeselements.htm>

Documentation should include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability.

7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. Recommended accommodations and strategies should be logically related to functional limitations.

CERTIFICATE OF PROFESSIONAL AUTHORITY

1. Credentials of the Evaluator

a. Name of professional completing this form: _____

b. Address: _____

c. Telephone: _____ Fax: _____

d. E-Mail: _____

e. Occupation and specialty:

f. License number/Certification/State: _____

g. Please list the student's name and date of birth.

h. Please list your name, address, telephone number, fax number, and professional qualifications (a recent copy of your curriculum vitae must be attached).

i. Please list the dates on which the student was evaluated.

2. Diagnostic Statement Identifying the Disability

- Please provide a complete ICD-9 diagnosis of the physical impairment or the complete multiaxial DSM-IV-TR diagnosis of the student's mental impairment.

3. Description of the Diagnostic Methodology.

- Please provide a list of tests and/or clinical and assessment procedures used to establish the student's impairment and severity of the impairment. Please attach a copy of all pertinent records, including results of laboratory studies, diagnostic tests, and clinical procedures. In the case of psychological and psychoeducational testing, please attach all raw data and psychological reports.

4. Description of the Current Functional Limitations. Please describe the nature and severity of the student's disability.

5. **Description of the Expected Progression or Stability of the Disability.** If applicable, please provide a list of current medications, including dosage, frequency, and side effects.

6. **Please list the recommended accommodations for the student.** In your recommendation, please describe how the accommodations relate to the student's functional limitations and provide any past accommodations, services and/or medications that may help AJMLS understand your recommendation.

Signature: _____ Date: _____

Print Name and Title: _____