POLICY REGARDING STUDENTS AND APPLICANTS WITH DISABILITIES

It is the policy and practice of Atlanta’s John Marshall Law School to comply with the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, Section 504 of the Rehabilitation Act, and state and local requirements regarding students with disabilities. Under these laws, no qualified individual with a disability shall be denied access to or participation in services, programs and activities of Atlanta’s John Marshall Law School (“AJMLS”).

All students requesting accommodations are required to complete Form A. If the requested accommodation is anything other than a temporary disability, typically the student will be asked to submit Form B. Form B is to be filled out by a qualified professional. If a student is unsure as to whether Form B is required, the student should meet with the Associate Dean of Academics.

A. GENERAL STATEMENT

AJMLS's policy regarding students with disabilities recognizes that disabilities may include mobility, sensory, health, psychological, and learning disabilities. AJMLS will make every effort to provide reasonable accommodations for disabilities to the extent that such accommodations are readily achievable. AJMLS is unable to make accommodations that are unduly burdensome or that fundamentally alter the nature or fundamental curricular components of the program.

B. ENROLLED STUDENTS

1. Identifying the Need for Accommodation

Students with disabilities who require accommodations are required to make those needs known to the Associate Dean of Academics as soon as possible. It is the responsibility of the student to make these needs known in a timely fashion and to provide appropriate documentation and evaluations in appropriate cases. Students should not assume that this information is known to the Associate Dean of Academics Office because their application to law school indicates the presence of a disability.

Students who do not require accommodations need not make their disabilities known. Any information on the student's disability and accommodations is treated as confidential information under applicable federal, state and AJMLS policies and is only provided to individuals who are privileged to receive such information on a need-to-know basis. Faculty and staff members who are apprised of a disability are advised that this information is confidential.

AJMLS reserves the right to submit verification documentation to an appropriate health care or other qualified professional qualified to assist AJMLS in its review of both the initial verification and any supplemental assessment(s) of the disability.
2. **Accommodations**

AJMLS will make reasonable accommodations for disabilities. These accommodations may include, but are not limited to, course load modifications, exam accommodations, readers, interpreters, and note takers. Such accommodation will not be provided if it fundamentally alters the nature of the program or would be unduly burdensome either financially or administratively. Students requesting accommodations are required to identify their need as early as possible to the Associate Dean of Academics who will meet with the student to develop an appropriate accommodation plan. Requests for accommodations must be made as early as possible in order to allow adequate time for evaluating documentation and to work out specific accommodations and arrangements, including funding for auxiliary services. Late or last minute requests for accommodations may be denied if there is not reasonable time to provide the accommodations.

a. **Academic Modifications**

Academic modifications may include reduced course loads, extending the amount of time for graduation, allowing part-time programming, and similar modifications. Only modifications that do not fundamentally alter the nature of the program and are not unduly burdensome financially or administratively are required by law. While AJMLS must provide justification for refusing to allow a requested accommodation, higher education institutions are given *substantial* deference in establishing their academic requirements.

Requests for academic modification must be made to the Associate Dean of Academics. Students requesting such Academic Modifications must fill out **Form A** and have a medical professional fill out **Form B** (unless it is a temporary disability that is adequately addressed in Form A). Students must submit all forms to the Associate Dean of Academics.

b. **Auxiliary Services**

Auxiliary services may include interpreters, note takers, readers, assistance with photocopying and library retrieval, and other support services in connection with the academic program. Services for personal use are not provided. Purchase of special equipment (such as Dragon Naturally Speaking, a Kurzweil Reading Machine, an image enlarger, etc.) to be used at AJMLS may also constitute an auxiliary service.

AJMLS does not provide individual tutorial assistance tailored to the special needs of students with disabilities. AJMLS does have an academic support program that does not discriminate on the basis of a disability. The Assistant Dean of that program or the Associate Dean of Academics may refer students with disabilities to faculty or administrators in order to obtain additional help in appropriate cases.
Students requiring auxiliary services should direct most requests initially to the Associate Dean of Academics. For certain auxiliary services such as interpreters and readers, the Associate Dean of Academics and the student will collaboratively work together and seek eligibility for such services from the Georgia Department of Rehabilitation, Vocational Rehabilitation Services, private agencies, or other low cost or no cost service providers, when available.

Occasional assistance in the library may be obtained by making a request to the library staff. Students who require more extensive assistance and/or assistance on a regular basis should make this need known to the Associate Dean of Academics as soon as possible. The Associate Dean of Academics will work with the library staff to facilitate an appropriate schedule of assistance.

c. Exam Modifications

Exam modifications may include additional time to take the exam, time allowed for rest breaks, use of a reader, being allowed to eat, use of a separate exam room, or taking the exam at a time other than the regularly scheduled time. Students requesting certain exam modifications may be asked to ascertain the format of the exam in order to determine the appropriate modification. For example, if the student has difficulty writing, but does not have difficulty reading, the need for additional time would be affected by whether the exam was to be in a multiple choice format or an essay format.

All exam modification requests related to disabilities are to be directed to the Associate Dean of Academics. Because of the time needed to arrange these requests, students must make such requests no later than eight weeks before exams are to be taken if the request is a first-time request, or, if the need for accommodation becomes known to the student later than such time, as early as possible, but no later than three weeks before exams. If students who have previously been granted accommodations request accommodations different than those previously granted, or submit new or supplemental documentation to support an accommodation request, the student must submit the request no later than eight weeks before exams.

To ensure Atlanta’s John Marshall Law School can evaluate and process accommodation requests, students are strongly urged not to wait until the applicable deadline but to make their request for accommodation, new or otherwise, as early as possible. Requests for readers, scribes or other assistance should be made early to ensure that there is adequate staffing. Depending on the nature of the disability, new or updated documentation may be required.
d. **Architectural Barriers**

While most aspects of AJMLS facilities are readily accessible, there may be accessibility issues that need pre-arrangement.

**Parking.** There are several accessible parking spaces near the law school for individuals who have state-issued handicap parking designations. Students can request handicap parking through the Office of Associate Dean for Administration.

**Ramped Entrances.** Entrance into the law school is available by ramped access.

**Accessible Restrooms.** Accessible restrooms can be found on every floor of the building.

**Classrooms.** All classrooms are accessible, but some may be easier to reach than others. For this reason, students with mobility impairments are requested to advise the Associate Dean of Academics as early as possible in the registration process so that feasible adjustments can be made.

e. **Modification of Policies and Practices**

Class attendance is deemed to be a fundamental aspect of legal education. For that reason, attendance policies for students with disabilities generally will not be waived. Students believing that their particular disabilities may lead to situations beyond AJMLS's general attendance policy should direct requests to the Associate Dean of Academics. Because reduced course loads, extensions of time for graduation and other accommodations are available, it would be extremely unusual that the attendance policy would be a necessary reasonable accommodation. Nevertheless, students who believe that other policies and practices should be modified due to their disabilities should direct these requests to the Associate Dean of Academics, who will consider further accommodations on a case-by-case basis.

C. **ACADEMIC DISMISSAL AND READMISSION**

Students who are academically disqualified sometimes raise a disability as the basis for the academic difficulty. While this may sometimes impact the determination for readmission, the burden is on the student to clarify why the disability was not previously brought to the attention of Associate Dean of Academics, or if it had, to adequately explain why accommodations were not requested if they had not been previously, or to explain why accommodations that had been provided were not adequate.
D. BAR AND MPRE EXAMINATIONS

Law students with disabilities who believe they will require accommodations in taking their bar examination should inquire early in their legal education as to what will be necessary to obtain accommodations. Information on how to contact bar examiners in all states is available in the law library, from the Registrar’s Office, from the Associate Dean of Students Office, or online at www.ncbex.org/bar-admissions/offices. Many state boards of bar examiners will request that the law school provide information on accommodations received during law school. Such information will be provided by the Associate Dean of Academics upon receipt of a written release from the student and will normally be provided within ten (10) working days after receipt of the written release. Accommodations awarded in law school DO NOT guarantee accommodations on the bar examination. All bar examination applicants are required to petition for nonstandard testing conditions within their respective jurisdiction.

E. GRIEVANCES

Students who request accommodations and believe that such accommodations have been impermissibly denied, or who believe that they have been discriminated against on the basis of their disability, should bring this matter to the attention of the Associate Dean of Academics. The Associate Dean of Academics will make every effort to resolve the situation. Students who still believe that they have been discriminated against or are unsatisfied with the accommodation decision may file a written grievance with the Associate Dean of Academics. The Associate Dean of Academics will then have fifteen (15) days to make a decision in writing. Students may appeal this decision by filing a written appeal to the Dean within five (5) days. The decision by the Dean shall be considered the final decision by the school.

F. COUNSELING SERVICES AND STRESS

AJMLS provides free, confidential counseling through OneSource. There is no limit to the number of times students may access these services. The services are offered both on and off campus. Students with psychological impairments, including alcohol or drug addiction, may wish to seek help from OneSource. Through this service, students have access to professional counseling services and community resources for problems related to relationships, career, or academic stress; alcohol or drug abuse; or family, financial, legal or other problems. Information concerning counseling services and contact information is available in the Office of Student Services.

Students claiming disabilities should be aware that while reasonable accommodations are available, all students will be held to the same academic performance standards. Law school is stressful, and students whose disabilities justify accommodations such as a reduced course load have the obligation to request accommodation before academic failure. Problems such as exam anxiety and chronic lateness will not ordinarily be considered to be disabilities justifying accommodation.
G. **TEMPORARY DISABILITIES**

All students are required to fill out Form A and indicate which “other disability” they are seeking accommodation for when requesting accommodations for temporary disabilities. Students seeking accommodations on the basis of a temporary disability may be asked to provide documentation verifying the nature of the condition, stating the expected duration of the condition, and recommending appropriate accommodations. Such verification should be provided by a professional health care provider who is qualified in the diagnosis of such conditions. If the initial verification is incomplete or inadequate to determine the extent of the disability and appropriate accommodations, the law school shall have the discretion to require supplemental assessment(s) of the temporary disability. The cost of obtaining the initial verification and any required supplemental assessment(s) shall be borne by the student. The verification of disability and any assessment(s) must reflect the student’s current level of disability.

H. **SOURCES OF ADDITIONAL INFORMATION**

Georgia Department of Rehabilitation
Vocational Rehabilitation Services
Greater Los Angeles District
Central Fulton Unit
1718 Peachtree Street, NW.
Suite 376-S
Atlanta, GA
(404) 206-6000
(404) 206-6010 TTY
http://www.vocrehabga.org/offs.html

National Association of Law Students with Disabilities
E-mail: nalswd@gmail.com
www.nalswd.org

ABA Commission on Mental and Physical Disability Law
740 15th Street, N.W.
Washington, DC 20005
(202) 662-1570 (voice)
(202) 442-3439 (fax)
E-mail: CMPDL@americanbar.org
www.abanet.org/disability

National Alliance on Mental Illness (NAMI)
3803 North Fairfax Drive, Suite 100
Arlington, VA 22203
(703) 524-7600 (voice)
(703) 524-9097 (fax)
www.nami.org
National clearinghouse on postsecondary education for individuals with disabilities:  
The George Washington University  
HEATH Resource Center  
2134 G Street, NW  
Washington, DC 20052-0001  
Fax: (202) 994-3365  
E-mail: askheath@gwu.edu  
www.heath.gwu.edu

Organization committed to full participation of individuals with disabilities in college life:  
Association on Higher Education and Disability  
107 Commerce Center Drive, Suite 204  
Huntersville, NC 28078  
(704) 947-7779 (voice/TTY)  
(704) 948-7779 (fax)  
E-mail: ahead@ahead.org  
www.ahead.org

Information on substance addiction, stress, depression, and other emotional health issues:  
ABA Commission on Lawyer Assistance Programs (CoLAP)  
321 North Clark Street  
Chicago, IL 60654-7598  
(800) 285-2221 (Voice)  
E-mail: spilisd@staff.abanet.org  
www.abanet.org/legalservices/colap

Organization for blind and sight impaired individuals:  
American Counsel of the Blind  
2200 Wilson Boulevard, Suite 650  
Arlington, VA 22201  
(800) 424-8666 (Voice)  
Fax: (703) 465-5085  
www.acb.org

National Association of Blind Lawyers  
1660 South Albion Street, Suite 918  
Denver, CO 80222  
(303) 504-5979 (Voice)  
E-mail: slabarre@labarrelaw.com  
www.blindlawyer.org
Taped law casebooks & treaties are available at:

**Braille Institute**
741 North Vermont Avenue
Los Angeles, CA 90029
(323) 663-1111 (Voice)
Fax: (323) 663-0867
E-mail: LA@brailleinstitute.org www.brailleinstitute.org

**Learning Ally**
20 Roszel Road
Princeton, NJ 08540
(800) 221-4792 (voice)
E-mail: custserv@learningally.org
www.learningally.org
I. BACKGROUND INFORMATION

1. Full Name: __________________________________________________________
   First                   Middle                   Last

2. Current Address: _____________________________________________________
   City                        State                        Zip Code

3. Telephone: ( ) _____ _________ (home)   ( ) _____ _________ (Mobile)

4. E-Mail: _____________________________________________________________

II. DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations.
   o Visual impairment
   o Hearing impairment
   o Other physical disability (name): ________________________________
   o Psychological disability
   o Learning disability
   o AD/HD
   o Other disability (name): ________________________________

2. Attach a narrative description of the nature and extent of your specific disability or disabilities, when and how it/they were first identified, how it/they affect your daily life and describe the functional limitations related to your disability that directly affect your ability to perform in law school.

3. When did you first acquire the disability (approximate date and age)?

   ___________________________________________________________________

4. Who was the medical professional (name, occupation, and specialty) who first diagnosed your disability?

   ___________________________________________________________________
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 each 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)
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.
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.**

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\(^1\) Association on Higher Education and Disability (AHEAD). AHEAD best practices disability documentation in higher education. [http://www.ahead.org/resources/bestpracticeselements.htm](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: _________________________________