

FORM A
PETITION FOR TESTING ACCOMMODATIONS
(Must be completed by the student)

I. BACKGROUND INFORMATION

1. Full Name: _____ Student Number: _____

Date of birth: _____ Start Date: _____

2. I need accommodations for:

- ☐ Weekly Assignments
- ☐ Final Examinations
- ☐ All of the Assignments and Examinations

3. Dates of final examinations I intend to take: _____
Month/Year

4. Have you previously taken any examinations?

- ☐ YES ☐ NO

If yes, which examination(s) (list all examinations taken): _____
Month/Year

5. If yes, did you request testing accommodations to take the examination(s)?

- ☐ YES ☐ NO

II. DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations.

- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Other physical disability (name):

- ☐ Psychological disability
- ☐ Learning disability
- ☐ AD/HD
- ☐ 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 take the examination.

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 are currently being prescribed?

8. Are you taking the treatment and/or medication as prescribed? ☐ YES ☐ NO

9. Is the treatment and/or medication effective in addressing or controlling your symptoms?

☐ YES ☐ NO ☐ N/A

If no, explain why not:

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?

Taking into consideration your knowledge of the examinations and the functional limitations that you currently experience, what testing accommodation (or accommodations, if more than one would be appropriate) are you requesting?

Alternative Formats

- ☐ Audio CD version of the Examination
- ☐ Large Print Examination Materials
(check one: ☐18 pt or ☐24 pt.)
- ☐ Computer with SofTest installed
- ☐ Private Room
- ☐ Semi-private Room
- ☐ Microsoft Word document on data CD
for use with screen-reading software (for
written sessions)
- ☐ Other _____

Personal Assistance

- ☐ Dictate to a Typist
- ☐ Reader
- ☐ Assistance with multiple-choice
answer sheet (Scantron sheet)
- ☐ Dictate to a Tape Recorder

Please provide rationale for requests indicated:

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination. **All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.**

Essay: Specify the amount of additional test time needed per session and rationale:

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

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 if my petition is not filed by the final application filing deadline for a particular administration of an examination, it will not be processed for that examination but for an examination to be administered in the future.

I understand that it is possible that my application for testing accommodations and all supporting documents may be referred to an expert consultant. I authorize such disclosure, and further consent to having a Taft Law School representative, staff or consultant contact my specialist to discuss the information provided by the specialist and my request for testing accommodations during administration of an.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct. I understand that false statements made herein could result in denial of my admission to practice law in California based on moral character grounds.

(Student Signature)

(Date)