

FORM B

TESTING ACCOMMODATIONS – PHYSICAL DISABILITIES 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 testing for you on the basis of a physical disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Student's full name: _____

Student Number: _____

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 Taft Law School.

Signature of Student

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the student and is recommending accommodations on the basis of a physical disability. Taft Law School also requires 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. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Taft Law School generally requires documentation from an evaluation conducted within the past few years because of the changing manifestations of many physical disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

Taft Law School may forward this information to one or more qualified professionals for an independent review of the student's request. Print or type your responses to the items below. **Return this completed form, the comprehensive evaluation report, and relevant records to the student for submission to Taft Law School.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Occupation and specialty: _____

License number/Certification/State: _____

Describe your qualifications and experience to diagnose and/or verify the student's condition or impairment and to recommend accommodations.

II. DIAGNOSIS AND RESULTING FUNCTIONAL LIMITATIONS

1. What is the specific diagnosis (including diagnosis code) for which the student requests test accommodations?

2. Describe the nature of the physical disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.

3. When did you first meet with the student? _____

4. When was the student's physical disability first diagnosed? _____

5. Did you make the initial diagnosis? ☐ Yes ☐ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

6. Provide the date of your last complete evaluation of the student. _____

7. Is this a permanent condition/impairment? ☐ Yes ☐ No
If no, when is it likely to abate?

8. Does the severity of the condition/impairment fluctuate? ☐ Yes ☐ No

If yes, describe the settings and/or circumstances affecting severity that are relevant to taking an examination.

9. Describe the student's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the student can take an examination.

10. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the student's functional limitations.

III. ACCOMMODATIONS RECOMMENDED

Taking into consideration the functional limitations currently experienced by the student, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?

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:

IV. CONFIDENTIALITY

Confidentiality policies of Taft Law School will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the student's written consent or under the compulsion of legal process.

V. PROFESSIONAL'S SIGNATURE

I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form.

I certify that the information on this form is true and correct based upon the information in my records.

(Signature of Licensed Professional)

(Date)

Taft Law School reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.