FORM C TESTING ACCOMMODATIONS - LEARNING DISABILITIES VERIFICATION

(Please print or type; must be legible)
(To be completed by a qualified professional -- see below*)

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 accommodations for you on the basis of a learning 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:	
Date(s) of evaluation/treatment:	
Student Number:	
I give permission to the qualified professional completing this form to release on the form, and I request the release of any additional information accommodations previously granted that may be requested by Taft Law Sch	regarding my disability or
Signature of Student	Date
I. QUALIFICATIONS OF THE EXAMINER/DIAGNOSTICIAN	
Name of professional completing this form:	
Address:	
Telephone number:	
Occupation, title & specialty:	
License number (if applicable):	

^{*}The following professionals are deemed appropriate and qualified to provide a diagnosis of learning disabilities: Clinical Psychologist**, Neuropsychologist**, Educational or School Psychologist**, Educational Diagnostician, Learning Disabilities Specialist, Educational Therapist. (** must be licensed)

Please describe your specialized training in the assessment, diagnosis and remediation of learning disabilities with the adult population. Experience in working with cultural and/or linguistically diverse populations is also essential. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical:
II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT
Date of last evaluation/assessment of the student:
Briefly describe your diagnosis:
Briefly describe the nature and severity of the individual's learning disabilities and how this affects the student's ability to take the examination, with a focus on the functional impact or limitation resulting from the specific learning disabilities:

III. FORMAL TESTING

A student with specific learning disabilities must have been identified by an appropriate psycho-educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include:

- 1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
- Clear objective evidence of a limitation to learning provided through assessment in the areas of
 cognitive aptitude, achievement and information processing abilities (results must be
 obtained on standardized test(s) appropriate to the adult population and be reported in standard
 scores and percentiles);
- Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues) affecting the individual's performance;

- 4. A specific diagnostic statement that does not include nonspecific terms such as "learning differences, "learning styles," or "academic problems;" and,
- 5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

In addition to the above requirements, the evaluation process must:

- 1. Have been administered within the last five (5) years and after the student's eighteenth (18th) birthday:
- 2. Document an information processing deficit,
- 3. Certify that the student's aptitude is within the average or above-average range; and,
- 4. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies cannot be obtained from a single subtest.

A copy of the evaluation report, including all the above outlined information, must accompany this form.

It should be kept in mind that when choosing a test battery, the technical aspects of each test must be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the adult population. Again, the professional judgment of the evaluator is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence III (including IQ, Index and scaled scores)
- Woodcock-Johnson Psycho-educational Battery, Revised Part I: Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th Ed.)

• Kaufman Adolescent and Adult Intelligence Test

Detroit Test of Learning Aptitude-A (DTLA-A)

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

AND

2. Achievement

- Woodcock-Johnson Psychoeducation Battery, Revised Part II: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

Scholastic Abilities Test for Adults (SATA) and

• Nelson-Denny Reading Test (timed and untimed; given in conjunction with one of the above to further document reading abilities and reading rate)

Please note: The *Wide Range Achievement Test: Third Edition* (WRAT-3) and the *Peabody Individual Achievement* (PIAT, PIAT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

AND

3. Information Processing

- Wechsler Memory Scale-III

 or
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)

or

Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson Psychoeducational Battery, Revised Part 1: Tests of Cognitive Ability (Tests 1-14 cluster scores for Auditory Processing; Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

Do you believe the student's motivation level, interview badequate to yield reliable diagnostic information/test results?		taking	behavior	was
Describe how this determination was made:				

IV. ACCOMMODATION REQUESTS

A diagnosis of specific learning disabilities only qualifies for accommodations if there is evidence of the disability impact on test taking that can be ameliorated by specific accommodations. These accommodations should not cause an unreasonable burden on Taft Law School and should not lower the standards of the evaluation. Objective evidence should be examined indicating that a) there is an actual disability impacting test performance, and b) the accommodations you recommend are reasonable to ameliorate the disability.

Based on the student's diagnosed specific learning disabilities, what specific testing accommodations would you recommend? (Check below all specific accommodations you believe are necessary. Note: The accommodation of extended time needs additional specific information.)

Alternative Formats	Personal Assistance
☐ Audio CD version of the Examination	☐ Dictate to a Typist
☐ Large Print Examination Materials(check one: ☐18 pt or ☐24 pt.)	☐ Reader
☐ Computer with SofTest installed	 Assistance with multiple-choice answer sheet (Scantron sheet)
☐ Private Room	☐ Dictate to a Tape Recorder
☐ Semi-private Room	
☐ Microsoft Word document on data CD for use with screen-reading software (for written sessions)	
Other	
Please provide rationale for requests indicated:	
Accommodation of Extra Time	
additional specified time is needed (based on recommending the amount of time for each teradditional time must specify the exact amoun mind that breaks are included in the timed por	for each session of the examination. Indicate why the diagnostic evaluation) and the rationale for st format of the examination. All requests for t of additional time. It is important to keep in tion of the examination. No accommodation of sting time is requested, but the specific amount will be returned as incomplete.
Essay: Specify the amount of additional test time no	eeded per session and rationale:

Performance Test: Specify the amount of additional test time needed per session and rationale:	
	<u> </u>
Multiple-Choice: Specify the amount of additional test time needed per session and rationale:	
	_
V. PRIOR HISTORY AND PAST ACCOMMODATIONS	
Please describe any previously documented history of learning disabilities and list accommodations have been granted to the student in the past:	that
	_
	_
	<u> </u>
VI. CONFIDENTIALITY	
Confidentiality policies of Taft Law School will be followed regarding its responsibility to main confidentiality of this form. No part of the form or the diagnostic report will be released without student's written consent or under the compulsion of legal process.	
VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE	
I attach hereto copies of all test results, evaluations, educational or psychological reports that I rupon in making this diagnosis of the student's condition/disability (notes and worksheets are required as part of this submission). This is required.	
I declare under penalty of perjury under the laws of the State of California that the above information true and correct.	on is
(Signature of Clinician/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.