



# Disability Accommodations Guide

Records & Registration Department  
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Revised April 2013

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The purpose of this guide is to assist students in understanding the disability accommodation process and the types of accommodations that permit students with disabilities to successfully participate in law school. Students who desire accommodations are encouraged to make initial contact with the Director of Academic Services and Registration (the Registrar’s Office) upon admission or as soon as health related concerns arise. Accommodations are modifications to the methods in which things are customarily done and are intended to provide to students with disabilities an equal opportunity to benefit from law school. Auxiliary aids and services are provided where necessary to qualified students with disabilities to ensure that students are not

denied the benefits or excluded from participation in the law school classes, programs, and services.

## **Program**

Arizona Summit Law School (ASLS or Arizona Summit Law School) is committed to providing equally effective access to programs, benefits, and services for qualified students with disabilities in the most integrated setting possible. As part of this commitment, Arizona Summit Law School provides reasonable accommodations to students with disabilities. Individuals with a disability will not be denied access to or participation in law school services, programs, or activities because of their disability. Arizona Summit Law School is committed to the mandates of federal and state laws, including specifically the Americans with Disabilities Act and its implementing regulations, as well as Section 504 of the Rehabilitation Act of 1973 and any applicable state or local laws.

## **Definitions**

Pursuant to the Americans with Disabilities Act and the Rehabilitation Act, individuals who are protected by the federal laws may have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA and Section 504 as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment. The ADA does not specifically name all of the impairments that are covered.

**Physical impairment:** a physiological disorder or condition or anatomical loss affecting the functionality of one's body.

**Mental impairment:** a mental or psychological disorder such as organic brain syndrome, emotional or mental illness, attention deficit disorder and specific learning disabilities.

**Qualified applicants with a disability:** an applicant with a disability who with reasonable modifications to rules, policies, or practices and/or with the provisions of auxiliary aids and services meets the academic and technical standards requisite to admission and participation in the law school's educational program and activities.

**Auxiliary Aids and Services:** Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments; acquisitions or modifications of equipment or devices; and other similar services and actions. This list provides examples of auxiliary aids and services and is not an exhaustive list.

**Qualified Reader:** is one who reads effectively, accurately, and impartially and who can use necessary vocabulary.

**Qualified Interpreter:** includes sign language, oral and cued speech interpreters.

**Service Animal:** is a dog or miniature horse that does work or performs tasks for an individual with a disability. The service animal must be trained to perform certain tasks related to the disability. Emotional support or comfort alone is not sufficient to qualify a service animal.

**Reasonable accommodations:** is an adjustment to or modification of the facility, classroom practices and standard testing conditions including the possible use of auxiliary aids and services, that ameliorates the impact of the student's disability without doing any of the following:

- Fundamentally altering the nature of the law school's academic program;

- Imposing an undue burden on the law school;
- Compromising the security of examinations;
- Compromising the integrity, the reliability, or the validity of examinations.

Arizona Summit Law School's goal is to offer students with a disability the opportunity to demonstrate abilities and equal access to the learning environment. Individualized accommodations are not intended to give students an advantage over other students, to alter a fundamental aspect of the course, nor to decrease academic rigor. Reasonable accommodations vary based on the diagnosis and severity of the disability and are made on an individual basis.

## **Student Responsibilities**

As detailed by the Department of Education, Office of Civil Rights, a law student with a disability who is in need of an auxiliary and or service is obligated to provide notice of the nature of the disabling condition to the law school and to assist the law school in identifying appropriate and effective auxiliary aids and services. It is critical that the students themselves must identify the need for the auxiliary aid and give adequate notice to the law school of the need. The student's notification should be provided to the appropriate representative of the law school, who as defined in this policy is the Director of Academic Services and Registration, commonly referred to as the Registrar. The law school may ask the student in response to a request for auxiliary aids and services to provide supporting diagnostic test results and other professional prescriptions for auxiliary aids. The law school may also obtain its own professional determination of whether specific requested auxiliary aids are necessary.

Service animals, as defined under the ADA and detailed above, are not required to be licensed and separate documentation regarding the training of the service animal is not required. Verification for OPDMDs may be required

## **Early Identification**

Early identification of a disability will allow adequate time to evaluate documentation, construct an accommodation schedule, and make other arrangements. A complete packet requesting reasonable accommodations should be submitted to the Director of Academic Services and Registration a minimum of 30 days prior to the need for accommodations. Failure to do so

may result in a denial or delay of accommodations. (see also Examinations and Graded Assignments procedure).

## **Accommodation Procedures**

**The Director of Academic Services and Registration (Registrar) serves as the primary point of contact and coordination for all requests for accommodation.** Before any accommodation can be granted, students must submit current clinical documentation as well as meet with the Director of Academic Services and Registration or a Records & Registration (R&R) representative. Students are also advised to keep a copy of any and all documentation materials they provide to R&R.

Students with disabilities who are requesting an accommodation shall contact the Director of Academic Services and Registration. It is the responsibility of the student to request accommodations by completing all required forms and submitting supporting documentation and evaluations from a physician, psychologist, or other appropriate licensed professional, as defined in this Policy. This documentation must have been obtained within three (3) years from the date of the students' accommodations request.

All properly submitted requests for reasonable accommodations shall be reviewed in accordance with the law school's policies. Requests that are not timely filed, that are incomplete, or do not comply with the requirements of the law school's policies may be rejected for consideration. Additional documentation in support of the student's request may be required. The cost of obtaining the professional verification shall be borne by the student. Review of the student submission and request for accommodation shall be coordinated by the Director of Academic Services and Registration who may seek further review by a licensed professional. In the event the Arizona Summit Law School requires a second professional opinion, any costs associated with that review shall be the sole financial responsibility of the law school.

In the case of every properly submitted and complete request, the student's entire submission will be reviewed, and the student will be notified in writing of the Arizona Summit Law School's decision and granted accommodations within 10 days of the submission of the complete packet and any additional information requested. Students may be asked to provide updated comprehensive information if their condition is potentially changeable and/or previous

documentation does not include sufficient relevant information. If the submission packet remains incomplete after 15 days of submission, the student shall be so notified by the law school.

The Director of Academic Services and Registration is not able to review individual clinical documentation prior to a student's admission to Arizona Summit Law School. After admission and with the written consent of the admitted student, the documentation review process will occur to determine eligibility for requested services and/or accommodations.

Please keep in mind that although a student's academic and accommodation histories are important, there are other factors which are considered in determining what accommodations are currently appropriate. The receipt of services in a previous setting, including a previous educational setting, does not automatically indicate that identical services will be provided in the law school setting.

## **Examinations or Graded Exercises**

Any student with a disability who would like to request an accommodation related to any exams or graded exercises, or final examinations, must make a request by contacting the Director of Academic Services and Registration. The request along with appropriate documentation must be submitted no later than thirty (30) days prior to the student's examination or graded exercise, or in the event the exam or exercise is scheduled with less than thirty days' notice, the student must submit the request within 5 days of notification of the scheduled date. It is the student's responsibility to submit a timely request with appropriate documentation.

## **Parking**

Parking for students with disabilities is provided on each floor of the parking garage on which students are allowed to park and in surface parking lots. Request for parking and disability stickers is to be requested pursuant to the ASLS Parking Policy. Parking concerns related specifically to disability parking that remain after following the Parking Policy procedure may also be addressed to the Director of Academic Services and Registration.

## **Grievances/Appeal**

If a student disagrees with his/her accommodations decision or requests additional accommodations, the following process will apply:

1. The student shall notify the Director of Academic Services and Registration in writing within 5 business days of the receipt of the decision. The notification may be made via email.

2. The Director of Academic Services and Registration shall acknowledge receiving the complaint to the student via email within three (3) business days and must then provide a written response to the student within five (5) business days. The written response may be provided via e-mail.

3. If the student remains dissatisfied with the accommodations provided after the response from the Director of Academic Services and Registration, the student may appeal to the Associate Dean of Academic Affairs within ten (10) business days. The appeal to the Associate Dean may be made via email, with a hard copy delivered to the Associate Dean's Office.

4. The Associate Dean shall issue a decision in writing within ten (10) business days of receipt of the appeal. The Associate Dean's decision shall be the final internal resolution of the matter.

5. A copy of all complaints and a summary of the resolution of the complaint shall be kept in the office of Records and Registration for a period of eight (8) years from the date of the final resolution of the complaint.

6. If the grievance is not resolved after exhausting this grievance procedure, the student may file a complaint with the Arizona State Board for Private Postsecondary Education. The State Board address is: 1400 West Washington, Room 260, Phoenix, AZ 85007. Phone: (602) 542-5709. Website: <http://azppse.state.az.us> or pursue the grievance with the Department of Education, Office of Civil Rights.

## **Confidentiality**

Information relating to the student's disability and accommodation is treated as confidential information under federal and state law and Arizona Summit Law School policies, and is only provided to individuals who are privileged to receive such information on a need to know basis. Faculty members may be apprised of a student's disability if it is necessary to

facilitate the student's request and the student has completed the Arizona Summit Law School Confidentiality Waiver Form. **The Waiver of Confidentiality Form must be completed if the student is requesting accommodations relating to adjustments in the classroom and/or testing.**

## **Verification of Physical Disabilities**

A student with a physical disability shall provide professional verification certified by a licensed physician, psychologist, audiologist, speech pathologist, rehabilitation counselor, physical therapist, occupational therapist or other professional health care provider who is qualified in the diagnosis of the disability. The verification must reflect the student's present level of functioning related to the major life activity affected by the disability. The student shall provide the verification documentation to the Director of Academic Services and Registration.

The cost of obtaining the professional verification shall be borne by the student.

If the initial verification is incomplete or inadequate to determine the present extent of the disability and appropriate accommodations, Arizona Summit Law School shall have the discretion to require a supplemental assessment of the physical disability to fulfill the initial verification requirement. The cost of the supplemental assessment shall be borne by the student.

If the law school requires additional assessment for purposes of obtaining a second professional opinion, then the law school shall bear any cost not covered by a third party.

## **Documentation Guidelines for Physical Disabilities**

The following guidelines for medical disabilities (including mobility, manual, hearing and visual) are provided to assist students who plan to submit clinical documentation to the Records & Registration Department. Please note that there are separate guidelines for learning, attention, and psychiatric disabilities.

1. The clinician appears to be qualified to make the diagnosis in the area of specialization and is not a member of the student's family.
2. The evaluation is written on professional letterhead, is current, and contains the date of the last appointment with the student.

3. The clinician clearly indicates a claimed disability as defined under the ADA, the ADA AAA, or the Rehabilitation Act.
4. Current clinical documentation clearly supports the claimed disability with relevant medical and other history.
5. The evaluation contains a description of current medications, treatments and assistive devices and technologies; and history of medication side effects known to have affected the student.
6. There is a description of the functional limitations resulting from the disability which specifically addresses a postsecondary setting.
7. The current clinical documentation clearly supports the direct link to and need for the requested accommodations.

### **Verification of Learning Disability**

In order to support a request for accommodations based on a learning disability, the student must provide documentation, at his/her expense, establishing that: 1) he/she has a learning disability that substantially limits a major life activity, and 2) the learning disability results in functional limitations that require accommodations in order to take an examination on an equal basis with other students. The verification must contain the following information:

1. That the evaluation has been administered within the past three (3) years, and after the student's eighteenth birthday;
2. The existence of an information processing deficit has been documented;
3. Certify that the student's aptitude is within the average or above-average range;
4. Identify a significant discrepancy in aptitude-achievement as well as in processing measures from more than a single subtest; and
5. Document that the student is substantially limited in a major life function.

### **Documentation and Formal Testing Requirements**

The verification of a learning disability submitted to support a request for accommodation in an educational setting shall be based upon formal testing. The two official nomenclatures designed to outline the criteria used in making these diagnoses are the Diagnostic and Statistical Manual, IV (DSM-IV) and the ICD-10. In instances where there may be multiple diagnoses including ADHD disabilities and psychiatric disabilities, evaluators should consider all the appropriate guidelines in order to provide documentation which is necessary to validate a learning disability and the need

for accommodation in this educational setting. The information and documentation to be submitted should be comprehensive in order to avoid or reduce time delays in decision-making related to the provision of services

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

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate for the general adult population and be reported in standard scores and percentile(s);
3. 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, or English as a second language) affecting the individual's performance;
4. A specific diagnostic statement. That statement should 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).

A copy of the evaluation report, including the above outlined information, should accompany the Accommodations Request Form in order to allow proper assessment. When choosing a test battery, the technical aspects of each test should be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. The following list of tests is 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:

#### Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS-IV) (including IQ, Index and scaled scores)
- Woodcock-Johnson III (WJ-III): Tests of Cognitive Abilities
- Stanford-Binet Intelligence Scale (5<sup>th</sup> Ed.)
- Kaufman Adolescent and Adult Intelligence Test

#### Achievement

- Woodcock-Johnson III (WJ-III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Nelson-Denny Reading Test, Form G (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate.

#### Information Processing

- Subtests from Wechsler Adult Intelligence Scale IV (WAIS-IV)
- Subtests from the Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
- Wechsler Memory Scale IV (WMS-IV)

### **Verification of a Psychological or Psychiatric Disability**

Arizona Summit Law School will accept current (no more than three years old) diagnoses of psychiatric or psychological disabilities that are based on comprehensive and appropriate diagnostic evaluations completed by trained and qualified (i.e., licensed and certified) professionals (e.g., psychologists, psychiatrists, neuropsychologists, school psychologists, certified professional counselors, or licensed social workers). The professional should attach a psychological report that contains information necessary to document the student's diagnoses.

The information in the psychological report should include the following:

- Full mental status
- Psychological history
- Developmental milestones
- Educational history
- Differential diagnoses
- Rule out diagnosis
- Diagnostic formulation
- Prognosis
- All five axes of the DSM-IV-TR

In addition, the professional should provide test measures and scores for tests that they may have been administered in making their diagnosis. The tests may include, but are not limited to, the following:

- WAIS-IV (all sub scores and verbal and performance IQ, full scale score)
- Beck's Depression Scale II
- Trailmaking Test A and B
- Minnesota Multiphasic Personality Inventory -2 Restructured Form
- Rorschach Psychodiagnostic Test
- Thematic Apperception Test
- Million Clinical Multiaxial Inventory III

### **Verification of Attention Deficit/Hyperactivity Disorder**

The diagnostic criteria as specified in the Fourth Edition Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), are used as the basic guidelines for determination of Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. A student warranting an AD/HD diagnosis should meet basic DSM-IV-TR criteria, including:

1. Sufficient numbers of symptoms (delineated in DSM-IV-TR) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been "maladaptive". The exact symptoms should be described in detail.
2. Objective evidence that symptoms of inattention and/or hyperactivityimpulsivity were present during childhood.
3. Objective evidence indicating that current impairment from the symptoms is present in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
4. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders; psychosis, substance abuse, low cognitive ability, etc.)

5. Indication of the specific AD/HD diagnostic subtype; predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

DSM-IV-TR criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms across the applicant's development, which cause the applicant clinically significant impairment within multiple environments. Student self-report alone is generally deemed insufficient to establish evidence for AD/HD.

AD/HD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the student's relevant background including family, academic, social, vocational, medical, and psychiatric history. There should be a focus on how AD/HD symptoms have been manifested across various settings over time, how the student has coped with the problems, and what success the student has had in coping efforts. There should be a clear attempt to rule out a variety of other potential explanations for the applicant's self-reported AD/HD difficulties. The professional should provide a comprehensive evaluation that addresses all of the above mentioned five points.

### **Documentation and Formal Testing**

AD/HD questionnaire, checklists, cognitive test results, and tests of variables of attention are helpful to quantify self-reported AD/HD symptoms. However, these test results cannot be used as the sole indication of AD/HD diagnosis independent of history and interview. These test findings often augment the AD/HD evaluation and should be reported. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.)

## **Accountability**

Reasonable accommodation(s) may help to ameliorate the disability and to minimize its impact on the student's clinically documented difficulties in this particular setting. The determination for reasonable accommodation(s) rests with the Director of Academic Services and Registration in collaboration with the individual with the disability and, when appropriate, faculty, all of whom have a responsibility to maintain confidentiality of any information. The student is responsible for obtaining and providing Director of Academic Services and Registration with all relevant materials in a timely manner. The Director of Academic Services and Registration may not release any part of the documentation without the individual's informed consent. If the requested accommodations are not clearly identified in the diagnostic report, the Director of Academic Services and Registration reserves the right to seek additional clinical information pertaining to determination of eligibility for requested accommodations.

### **List of Forms for Submission**

1. ASLS Student Accommodation Request Form (2pp);
2. ASLS Authorization to Contact Qualified/Licensed Professionals (1p);
3. ASLS Accommodations Verification form for Physical Disabilities (2pp);
4. ASLS Accommodations Verification Form for Learning Disabilities (3pp);
5. ASLS Accommodations Verification Form for Mental Disabilities/ADHD and Psychological (3pp);
6. ASLS Confidentiality Waiver Form (1p)

**Arizona Summit Law School Student Accommodation Request Form**

Students who are requesting special accommodations must complete this form. All appropriate forms and documentation must be submitted by the student before a request for special accommodations can be reviewed. Background Information: (please print or type).

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Request date of accommodation: \_\_\_\_\_

Nature of your disability: (check all that apply)

\_\_\_\_\_ Physical Disability, please explain \_\_\_\_\_

\_\_\_\_\_ Learning Disability, please explain \_\_\_\_\_

\_\_\_\_\_ Psychological Disability, please explain \_\_\_\_\_

\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder, please explain \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ Other, please explain \_\_\_\_\_

Past Accommodations:

1. Did you request testing accommodations for the LSAT? \_\_\_Y \_\_\_N

If yes, did you receive the accommodation? \_\_\_Y \_\_\_N

What were your accommodations? \_\_\_\_\_

\_\_\_\_\_

2. Did you request special accommodations in college? \_\_\_Y \_\_\_N

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Student Name

**Accommodations requested:** (Please be specific)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASLS Authorization to Contact Qualified/Licensed Professionals**

In order to facilitate the processing of your request for accommodations, it may be necessary to obtain additional information. By signing below, you authorize a representative of Arizona Summit Law School to contact the qualified diagnostician/licensed professional who diagnosed your disability and recommended the requested accommodations.

I authorize Arizona Summit Law School or its representative to contact the qualified diagnostician/ licensed professional who diagnosed my disability and recommended the request (s) for accommodations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that this form is part of the process to file for accommodations. Students are responsible for the completeness and accuracy of the information provided on the form.

*I certify that all of the information on this form is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASLS Accommodations Verification Form for Physical Disabilities**

*This form **MUST** be submitted with the student's request form.*

**This form must be completed by a physician or licensed professional, and must be submitted with the student's request for special accommodations.**

Student Name: \_\_\_\_\_

Physician/Licensed Professional:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (with area code): \_\_\_\_\_

Please describe the student's disability/functionality limitations:

\_\_\_\_\_  
\_\_\_\_\_

Subjective complaints:

\_\_\_\_\_  
\_\_\_\_\_

Objective findings:

\_\_\_\_\_  
\_\_\_\_\_

Is this a new diagnosis? Yes\_\_\_\_ No\_\_\_\_

Is the condition a progressive condition? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, please explain briefly:

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If the student has previously received accommodations/auxiliary aids and services in an educational setting, is this request for a change in accommodations provided? Yes \_\_\_\_ No \_\_\_\_

If yes, please briefly explain the medical reason for the requested change:

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Accommodations requested:

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How will the accommodation/auxiliary aid or service requested assist the student with his/her disability?

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Accommodation recommended (if applicable):

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***I certify that all the information on this form is true and correct to the best of my knowledge and belief.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Date: \_\_\_\_\_  
**ASLS Accommodations Verification Form for Learning Disabilities**

*This form **MUST** be submitted with the student's request form.*

**This form must be completed by a physician or licensed professional, and must be submitted with the student's request for special accommodations.**

Student Name: \_\_\_\_\_

Physician/Licensed Professional:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (with area code): \_\_\_\_\_

Please describe the student's disability/functionality limitations:

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Please describe your finding based on the results of your examination of the student.

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Subjective complaints:

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Objective findings:

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Is this a permanent disability, condition or illness? Yes \_\_\_\_\_ No\_\_\_\_\_

If you answered "no" to the above question, give a specific date or length of time the disability or illness will abate:

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When did you diagnose the student's disability?

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When did you last evaluate/treat the student?

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Please specify any additional accommodations necessary in a classroom setting:

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Describe how the student's disability impacts his/her ability to perform on tests:

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Examinations at Arizona Summit Law School are designed to measure skills that are considered essential for success in law school. These skills are the comprehension and reading of complex text with accuracy and insight; the organization and management of information and the ability to draw reasonable references from it; the ability to reason critically; and the analysis and evaluation of the reasoning and argument of others. Based on the student's condition/disability and its impact on his/her ability to perform on such tests, what accommodations would you recommend?

**Test accommodations:** (Please include a specific amount of additional time)

\_\_\_\_\_ essay exams \_\_\_\_\_ multiple choice exams

**Other accommodations:** (Please include any additional accommodations needed, if any)

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Please describe your academic credential (s) and qualifications that qualify you to make this diagnosis and recommendations for accommodations:

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*I certify that all the information on this form is true and correct to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Date: \_\_\_\_\_

**ASLS Accommodations Verification Form for Mental Disabilities/ADHD/Psychological**

*This form MUST be submitted with the student's request form*

This form must be completed by a qualified diagnostician who is familiar with the candidate's disability and its impact on his/her ability to perform on timed, standardized tests. A narrative history of other documentation that the professional deems to be appropriate in demonstrating the impact of the candidate's disability must be included with this form. The diagnostic report must be specific in its recommendation for accommodations. A detailed explanation must be provided as to why an accommodation is recommended and must reference specific tests, clinical observations, or other objective data such as visual acuities and visual fields, audiograms, progress reports, and so on. The impact of the disability and current need for accommodation must be demonstrated. Recommendations cannot be supported solely by a history of prior accommodation. If there is no history of prior accommodations, a detailed explanation must address why no accommodations were used in the past and why accommodations are now needed. Please refer to the manual regarding learning disabilities. Incomplete forms will be returned without being reviewed.

This form must be submitted with the completed packet. (Please print or type)

Student Name: \_\_\_\_\_

Licensed Professional/Qualified Diagnostician:

Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone Number (w/area code): \_\_\_\_\_

Describe the student's disability:

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When did you diagnose the student's disability?

\_\_\_\_\_ When

did you last evaluate/treat the student?

\_\_\_\_\_

Describe specifically the basis of your diagnosis and attach the results of the test administered:

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Are there any significant sensory, motor, or cognitive deficits that would impact the student's ability to perform on tests? If yes, please specify/explain:

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Please specify any additional accommodations and/or auxiliary aids necessary in a classroom setting:

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Describe how the student's disability impacts his/her ability to perform on standardized tests:

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Examinations at Arizona Summit Law School are designed to measure skills that are considered essential for success in law school. These skills are the comprehension and reading of complex text with accuracy and insight; the organization and management of information and the ability to draw reasonable references from it; the ability to reason critically; and the analysis and evaluation of the reasoning and argument of others. Based on the student's condition/disability and its impact on his/her ability to perform on such tests, what accommodations would you recommend?

**Test format:** (This applies to the appearance of the examination)

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**Test accommodations:**

(Please include a specific amount of additional time)

\_\_\_\_\_essay exams \_\_\_\_\_multiple choice exams

**Other accommodations:** (Please include any additional accommodations needed, if any)

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Please describe your academic credential (s) and qualifications that qualify you to make this diagnosis and recommendations for accommodations:

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*I certify that all the information on this form is true and correct to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Arizona Summit Law School Confidentiality Waiver Form**

*This waiver MUST be completed if the student is requesting accommodations relating to adjustments in the classroom and/or testing. This form must be submitted with the student's request for accommodations.*

I, \_\_\_\_\_, authorize Arizona Summit Law School Disability Services Representative to disclose information relating to my disability to professors and/or professional agencies whose cooperation is necessary to facilitate the requested accommodations.

Signature \_\_\_\_\_ Date \_\_\_\_\_