



CONCORDIA UNIVERSITY
SCHOOL OF LAW

REASONABLE ACCOMMODATIONS ELIGIBILITY QUESTIONNAIRE

(To Be Completed By Law Student)

PERSONAL INFORMATION:

Date of Request:	G Number:
First Name:	Last Name:
CU Email:	Phone:
Mailing Address:	

NATURE OF DISABILITY (CHECK ALL THAT APPLY):

<u>Disability</u>	<u>When were you first diagnosed by a treating professional?</u>		
<input type="checkbox"/> Visual Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Psychological Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more

Additional documentation of your disability completed by a professional with specific expertise is required (forms are specified in the [REASONABLE ACCOMMODATION INFORMATION SHEET](#) which is available on the Law School website).

PERSONAL STATEMENT:

(This form is incomplete without this statement)

On a separate page, please submit a **detailed** description of the nature and extent of your disability. This statement must include the following:

1. Any functional limitations related to your disability that directly affect your academic success in the classroom, preparing for, and taking examinations;
2. When you were first diagnosed by a treating professional with the disability (*approximate date and age*);
3. Who diagnosed it (*name, occupation, specialty*);
4. The treatment including medication(s) currently prescribed; and
5. Any accommodations granted for this disability on exams not related to the practice of law (*GMAT, SAT, ACT*).



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PAST ACCOMMODATIONS GRANTED:

If you answer "yes" to any of the following questions, please attach any records or other documentation concerning the diagnosis and the accommodations granted. Medical records or documentations of long-standing accommodations are helpful.

<p>School Grades 1-12: Did you attend a special program, use disabled student services, or receive testing accommodations at any time during elementary school or high school? If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room <input type="checkbox"/> Additional Time <input type="checkbox"/> Other</p>
<p>College and Graduate School: (a) Did you request a special program, the use of disabled student services, or testing accommodations at any time during college? (b) Did you attend a special program, the use of disabled student services, or testing accommodations at any time during graduate school? If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room <input type="checkbox"/> Additional Time <input type="checkbox"/> Other</p>
<p>Transferring Law Students: (a) Did you request testing accommodation at your previous law school? (b) Were you granted testing accommodations at your previous law school? If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room <input type="checkbox"/> Additional Time <input type="checkbox"/> Other</p>
<p>LSAT: (a) Did you request testing accommodations for taking the LSAT? (b) Were you granted testing accommodations for taking the LSAT? If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room <input type="checkbox"/> Additional Time <input type="checkbox"/> Other</p>



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ACCOMMODATIONS REQUEST:

TERM: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	YEAR: 20__
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1. Please indicate below the **classroom** accommodation(s) you believe is (are) necessary for you academic success in law school.

- Sign Language Interpreter Extensions on assignments/quizzes Text enlargement
 Braille transcription Electronic version of materials Peer note-taker
 Other (*please describe*): _____

2. Please indicate below the **exam** accommodation(s) you believe is (are) necessary for you academic success in law school.*

- Alternative Formats of the Exam (*please specify*).

- Special Equipment, personal items or personal assistance in the exam room (*please describe*).

3. If additional testing time on law school quizzes and examinations is requested, please specify the percentage (1.25x, 1.5x, 2x) of additional time requested and give your rationale for why you need additional time.* Attach a supplemental sheet, if necessary. _____

4. If you are seeking to limit the length of each testing period and provide for breaks in between, specify your time limitations for each testing period and reasons for limitations.*

5. Other Accommodation(s) (*please specify*):

6. Attach a printout of your Class Schedule for the term of this request.

***All testing, quiz, and exam accommodations must be requested 3 weeks prior to the date of administration. Exceptions to this timeline will be considered only for a new or changed diagnosis.**



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STUDENT'S SIGNATURE:

I certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that the granting of accommodations in law school does not in any way guarantee that I will receive similar, or any, accommodations on any jurisdiction's bar exam.

Signature of Student

Date

RELEASE OF INFORMATION:

I give my permission to Student Affairs, to share pertinent information with Concordia University School of Law staff and faculty for the purpose of coordinating exam and classroom accommodations. I understand that the information shared will be limited to details around academic needs and accommodation only, and that personal information (i.e., diagnosis, nature of academic issue, testing information, etc.) will not be discussed except in extreme circumstances or when this information is necessary in providing the accommodation. I understand that this release is valid for the entire time that I am an enrolled student at Concordia University School of Law.

I have read and understand the information above. I also understand that I can revoke this release at any time.

Signature of Student

Date

<p>For Office Use Only</p> <p>► Asst. Dean of Career Services and Student Affairs</p> <p><input type="checkbox"/> Verify all required documentation present</p> <p><input type="checkbox"/> Follow-up Conversation (Person/Email) Scheduled _____</p> <p><input type="checkbox"/> Accommodation(s) Granted:</p> <p><input type="checkbox"/> Approved Accommodation(s) Arranged</p> <p><input type="checkbox"/> Approved Accommodation(s) Recorded on Tracker</p> <p><input type="checkbox"/> Student Emailed</p> <p><input type="checkbox"/> Documentation Filed in Law School DSS Folders</p>	<p>RECEIVED:</p> <p>AEQ Date: _____</p> <p>Treating Professional Form Date: _____</p> <p>Approved Date: _____</p> <p>Initials: _____</p> <p>Arranged Date: _____</p> <p>Initials: _____</p>
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