REASONABLE ACCOMMODATIONS REQUEST
LEARNING DISABILITY VERIFICATION

This form and other comprehensive documentation must be completed by a licensed professional with specialized expertise in the assessment of learning disabilities such as an educational psychologist or a neuropsychologist. To ensure provision of appropriate and reasonable accommodations, Concordia University School of Law requires students to provide current (within 5 years) and comprehensive documentation of disability. Evaluation and test results should: (1) Have been administered within the last five years; (2) Identify normative academic skills deficits(s); (3) Identify normative information processing deficits(s); (4) Certify that the student’s intellectual ability is within the normal range of functioning or higher. The Americans with Disabilities Act defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To properly evaluate eligibility and identify appropriate accommodations, this form must be fully completed by the diagnosing and/or treating professional.

CONSENT FOR RELEASE OF INFORMATION: (To be completed by STUDENT)

I, ______________________________________, authorize the release of the following information to Concordia University School of Law to be used to determine my eligibility for accommodations.

Student Signature ___________________________ Date _______________

TO BE COMPLETED BY THE STUDENT’S DIAGNOSING AND/OR TREATING PROFESSIONAL:
[Must be a Current (within 5 years) and Comprehensive Documentation of Disability]

1. Primary Diagnosis:

____________________________________________________________________________________

Indicate Severity: mild moderate severe

2. Date of last office visit: _____________________________

3. Date of original diagnosis: ___________________________

4. Does this disorder substantially limit the student in a major life activity? YES NO

5. List the major life activities that are limited:

____________________________________________________________________________________

____________________________________________________________________________________

6. What is the academic and developmental history of the disability? (Attach any relevant documents.)

____________________________________________________________________________________

____________________________________________________________________________________

Updated 6/2018
7. How does the applicant’s disability currently present itself?
__________________________________________________________________________________

8. What is the expected duration of this condition?
__________________________________________________________________________________

9. Identify instruments, tests, and procedures used to assess and diagnose the learning disability:
(Attach copies of the reports that show the instruments used and the history of symptoms.)
__________________________________________________________________________________

10. Were other diagnoses or conditions ruled out as the primary cause of academic skills deficits (e.g., anxiety, psychological disturbance, etc.)?
__________________________________________________________________________________

11. If tests identified in questions 9 and 10 were administered more than 5 years from date of application, provide a rational for why they should be considered as current.
__________________________________________________________________________________
__________________________________________________________________________________

12. Identify how this diagnosis may affect the student in a law school academic environment:
__________________________________________________________________________________
__________________________________________________________________________________

13. List current medication(s), dosage, and frequency used to treat the disability:
__________________________________________________________________________________

14. Identify how the medication might adversely impact the student in a law school academic setting:
__________________________________________________________________________________

15. What classroom and testing accommodations do you recommend that would assist this student in a law school academic setting? Please be specific:

<table>
<thead>
<tr>
<th>Functional Limitation</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>(Function 1)</td>
<td>(Recommendation 1)</td>
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<tr>
<td>(Function 2)</td>
<td>(Recommendation 2)</td>
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<tr>
<td>(Function 3)</td>
<td>(Recommendation 3)</td>
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*Please attach any additional recommendations on a separate page.*
16. Required Attachments:
   ☐ (Questions 9 & 10) Evaluation and test results that:
     i. Have been administered within the last five years or explanation (Question 11);
     ii. Identify normative academic skills deficits(s);
     iii. Identify normative information processing deficits(s);
     iv. Certify that the student’s intellectual ability is within the normal range of functioning or higher.
   ☐ Copy of treating professional’s business card
   ☐ Any addition items necessary to bring this form to a current (within 5 years) and comprehensive documentation of disability.

17. Printed name and credentials of diagnosing or treating professional: (DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE TREATING OR DIAGNOSING PROFESSIONAL WILL NOT BE ACCEPTED.)

______________________________________________________________________________
______________________________________________________________________________
Area of Specialty: ______________________________________________________________
Address: _______________________________________________________________________
______________________________________________________________________________
Phone: _____________________________   Fax: _____________________________

Submit request and attachments to Student Affairs at Concordia University School of Law.