



**SOUTHERN UNIVERSITY LAW CENTER**  
**OFFICE OF ACADEMIC SUPPORT PROGRAMS**

*"reaching new heights of excellence"*  
Post Office Box 9294  
Baton Rouge, Louisiana 70813-9294

Office: (225) 771-4913  
Fax: (225) 771-5895  
Bthompson@sulc.edu

Dear Student:

Regarding your present request for special accommodations, please provide **your own personal letter** that gives the description of your disability including a history, the specific accommodations you are requesting that we provide you with at the Law Center.

You will also need to provide our office with medical documentation (prepared within the last 5 years) that set forth the diagnosis, the treatment provided and the recommended accommodations.

**Quality of Documentation.**

1. Documentation should be typed or printed on letterhead, dated, signed and legible with the name, title and professional credentials of the evaluator – a specific request for accommodations with accompanying rationale.
2. Documentation needs to be recent – no more than 5 years old for learning disabilities; no more than 3 years for attention deficit hyperactive disorder; and no more than 6 months for psychiatric disorders.
3. The recent documentation should include the current impact of the disability on life activity and its functional impairment.
4. All tests used to confirm a disability and to support accommodations should be included. The evaluation process used for the assessment battery should be valid and age-appropriate.
5. The documentation should include developmental, medical and educational history.
6. The diagnostic report should include a clear statement of the disability. This should be plainly spelled out and backed up by the documentation.
7. The evaluator's report should include a "rule – out" statement that describes what academic and other functions the disability does not affect.
8. The documentation should describe the student's academic accomplishments. This information also should be pertinent to the accommodation.

9. The appropriate diagnostician should conduct tests and offer recommendations. The reason for the requested test results should be tied to specific test results.
10. A high school IEP is not a substitute for a psychological report.
  - a) An individual intelligence test score (e.g. WAIS-R FSIQ)
  - b) A measurement of cognitive processing (e.g. Woodcock-Johnson achievement scores)
  - c) Achievement test data (e.g. Woodcock-Johnson achievement scores)
  - d) A DSM-IV diagnosis on axes I and II
  - e) An evaluation of ability to function in a demanding college environment that requires independent.

Please read the attached forms carefully because the type of disability will determine how in-depth your medical documentation must be for us to determine if you are eligible for accommodations.

Include documentation that shows you have received accommodations in the past (e.g. LSAT, ACT, SAT, etc.).

Finally, please provide our office with a phone number where you can be reached in case we have questions.

Sincerely,

Berryl Gordon-Thompson  
Assoc. Vice Chancellor  
Academic Support Programs

BGT/pa  
ATTACHMENT(s)

## Southern University Law Center Guidelines for Accommodations or Services

Students requesting accommodations or services because of a learning disability are required to submit documentation to determine eligibility in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

A diagnosis of a learning disability does not necessarily qualify a student for academic accommodations under the law. To establish that a student is covered under Section 504 and the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning.

The following guidelines are provided in the interest of assuring that documentation of a learning disability is complete and supports the request for accommodations.

The Southern University Law Center will determine eligibility and appropriate services, case by case, based on the quality, recency and completeness of the documentation submitted.

The following requirements provide students, schools and professional diagnosticians with a common understanding of the components of documentation that are necessary to validate the existence of a learning disability, the impact on the individual's educational performance, and the need for academic accommodations for the purpose of the ADA and the 1973 Rehabilitation Act:

- ***A qualified professional must conduct the evaluation.*** The assessment must be administered by a trained and qualified, certified and/or licensed professional such as a psychologist, school psychologist, neuropsychologist, educational diagnostician or student clinician who is being supervised by a qualified professional. The professional must have direct experience with adolescents and adults with learning disabilities.
- ***Documentation must be current.*** Reasonable accommodations are based on the current impact of the disability on academic performance. In most cases this means that a diagnostic evaluation should be age appropriate and relevant to the student's learning environment and show the student's current level of functioning. If documentation does not address the individual's current level of functioning, a reevaluation may be required.
- ***Documentation must include a specific diagnosis.*** The report must include a clear and direct statement that a learning disability does or does not exist, including a rule out of alternative explanations of learning problems. Terms such as "learning difficulty," "appears," "suggests," or "probable" do not support a conclusive diagnosis.
- ***Documentation must be comprehensive.*** The documentation must include a summary containing relevant historical information, instructional interventions, related services, and age of initial diagnosis. The documentation also must include objective data regarding aptitude, achievement and information processing. Test scores (standard scores, percentiles, and grade equivalents) must be included in the documentation.
- ***Recommendations for accommodation(s).*** A diagnostic report may include specific recommendations for accommodation(s). A prior history of an accommodation without a demonstration of a current need does not in and of itself warrant the provision of a like accommodation. Each accommodation recommended by an evaluator should include a rationale. The evaluation should support the recommendations with specific test results or clinical observations. If an accommodation is not clearly identified in the diagnostic report, the institution will seek clarification and, if necessary, more information, and will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided. The Southern University Law Center reserves the right to request reassessment when questions regarding previous assessment or previous service provision arise.

Below are AHEAD's examples of typical measures used in adult assessment of learning disabilities:

**Aptitude**

- a. Wechsler Adult Intelligence Scale-3<sup>rd</sup> Edition (WAIS-III).
- b. Wechsler Adult Intelligence Scale-Revised (WAIS-R).
- c. Stanford Binet Intelligence Scale-4<sup>th</sup> and 5<sup>th</sup> Edition (SB IV, V) d. Woodcock-Johnson.
- d. Psychoeducational Battery-3<sup>rd</sup> Edition: Tests of Cognitive Ability.
- e. Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability.
- f. Kaufman Adolescent and Adult Intelligence Test.

**Achievement**

- a. Wechsler Individual Achievement Tests II (WIAT II).
- b. Wechsler Individual Achievement Tests (WIAT).
- c. Woodcock-Johnson Psychoeducational Battery-3<sup>rd</sup> Edition: Tests of Achievement (WJ-III).
- d. Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement (WJ-R).
- e. Stanford Test of Academic Skills (TASK).
- f. Scholastic Abilities Test for Adults (SATA).

(Note: Screening tools such as the Wide Range Achievement Test (WRAT-III) are not considered comprehensive measures of achievement and must be accompanied by a comprehensive measure such as one of those listed above. All instruments selected to measure these areas must be age appropriate.)

**Information Processing**

- a. Subtests of the WAIS-R or WAIS-III.
- b. Subtests of the Woodcock-Johnson Psychoeducational Battery: Tests of Cognitive Ability.
- c. Wechsler Memory Scales-Revised or 3<sup>rd</sup> Edition.

**APPLICATION DEADLINE: Fall Semester–October 17, 2008 & Spring Semester–March 13, 2009.**

**For additional information, please contact Berryl Gordon-Thompson, Assoc. Vice Chancellor for Academic Support Programs, Suite 220/221, 225-771-4913 (office) or [bthompson@sulc.edu](mailto:bthompson@sulc.edu).**

**SOUTHERN UNIVERSITY LAW CENTER**  
**Office of Academic Support**  
**Section 504/ADA Grievance Procedure**

The following Section 504/ADA grievance procedure has been developed in part from material prepared by the U.S. Department of Health and Human Services, Office of Civil Rights, Regional Technical Assistance staff.

The **Southern University Law Center** has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Americans With Disabilities Act (ADA) and by the **U.S. Department of Justice** regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794). Section 504 states, in part, that “no otherwise qualified individual with a disability ...shall, solely by reason of her or his disability, be excluded from the participation, in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Complaints should be addressed to: Assoc. Vice Chancellor, Berryl Gordon-Thompson, Post Office Box 9294, Baton Rouge, Louisiana 70813, (225) 771-2552, <mailto:fpitcher@sulc.edu>, [bthompson@sulc.edu](mailto:bthompson@sulc.edu) who has been designated to coordinate Section 504/ADA compliance efforts.

1. A complaint should be filed in writing or verbally, contain the name and address of the person filing it, and briefly describe the alleged violation of the regulations.
2. A complaint should be filed within **7 days** after the complainant becomes aware of the alleged violation. (Processing allegations of discrimination that occurred before this grievance procedure was in place will be considered on a case-by-case basis.)
3. An investigation, as may be appropriate, will follow a filing of a complaint. The investigation will be conducted by the **ADA Grievance Committee**. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
4. A written determination as to the validity of the complaint and a description of the resolution, if any, will be issued by **Vice Chancellor for Academic Affairs, Russell Jones** and a copy forwarded to the complainant no later than **14 days** after its filing.
5. Vice Chancellor Russell Jones will maintain the files and records of the Southern University Law Center relating to the complaints filed.
6. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made within **7 days** to **Chancellor Freddie Pitcher, Jr.**
7. The right of a person to a prompt and equitable resolution of the filed complaint will not be impaired by the person's pursuit of other remedies such as the filing of a Section 504 or ADA complaint with the responsible federal department or agency. Using this grievance procedure is not a prerequisite to the pursuit of other remedies.

8. These rules will be construed to protect the substantive rights of interested persons, meet appropriate due process standards and assure that **Southern University Law Center** complies with the ADA, Section 504 and their implementing regulations.
9. No recipient or other person shall intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any right or privilege secured by regulation enforced by the Office of Civil Rights or because one has made a complaint, testified, assisted or participated in any manner in an investigation, proceedings or hearing held in connection with a complaint.

**ACADEMIC SUPPORT PROGRAMS AND ACADEMIC COUNSELING  
INSTRUCTIONS FOR APPLICATION FOR  
REASONABLE TESTING ACCOMMODATIONS  
FOR THE SOUTHERN UNIVERSITY LAW CENTER  
FOR EXAMINATION PURPOSES**

Southern University Law Center (SULC) provides reasonable and appropriate testing accommodations in accordance with the Americans with Disabilities Act for those applicants with proven disabilities and a demonstrated need for a specific accommodation for the law school examination. The purpose of this application process is to protect the integrity of Southern University Law Center and provide equal access to the testing process.

The burden of proof remains at all times with the applicant to show the existence of a disability and the demonstrated need for testing accommodations. Costs incurred in establishing the existence of a disability and the need for accommodation are the responsibility of the applicant.

The Americans with Disabilities Act authorizes Southern University Law Center to require specific documentary proof of a disability and to establish procedures to evaluate that documentation relative to the accommodation issue. In accordance with that authority, SULC has promulgated the attached forms, which must be fully completed, in order to be considered for an accommodation. As part of the application process, statements from licensed physicians or professional health care providers specifically setting forth the applicant's condition and the relationship between that condition and the inability to take the examination under standard conditions will also be required. Additionally, the Law Center may require further information or evidence from the applicant and retains at all times the right to seek professional evaluation of any information provided by the applicant.

In order for a request for reasonable testing accommodations to be considered forms pertaining to the request must be completed by the appropriate parties and returned to the Vice Chancellor of Academic Support and Academic Counseling no later than: **Fall Semester: October 19 and Spring Semester: March 3**. The forms packet contains:

**Form No. 1 - Application for Reasonable Testing Accommodations:** Every applicant for testing accommodations must complete and file this form.

**Form No. 2 - Physical Disability Verification Form:** This form must be filed simultaneously with the filing of the application for the specific exam being take if the medical condition to be accommodated is a physical disability. Submit this form to a licensed physician for completion. Documentation submitted should be recent, preferably less than three years prior to the date the application is filed. However, SULC, in it discretion, may accept older documentation of conditions, which are permanent.

**Form No. 3 - Learning Disability Verification Form:** This form must be filed simultaneously with the filing of the application for the specific exam being taken if the medical condition to be accommodated is a learning disability. Submit this form to your licensed physician or qualified health care provider for completion. This form must be accompanied by copies of a comprehensive psychoeducational or neurological assessment which has been conducted within three years of the filing of the application for the bar exam for which you are applying.

**Form No. 4 - Attention Deficit/Hyperactivity Disorder (ADHD) Verification Form:** This form must be filed simultaneously with the filing of the application for the specific exam being taken if the medical condition to be accommodated is ADD/ADHD. Submit this form to a licensed psychiatrist or licensed psychologist for completion. Copies of a comprehensive assessment documenting diagnosis and treatment consistent with Form No. 4 guidelines must accompany this form. This comprehensive assessment must have been conducted within three (3) years of filing this application.

It is your responsibility to ensure that all applicable forms are completed and all required documentation is timely submitted. It is also your responsibility to see that all forms and all required documentation are filed with the Office of Academic Support Programs. Your application must arrive with the required attachments, as detailed on each form.

After your application and all required information has been submitted and evaluated, you will receive correspondence informing you as to whether your request for testing accommodations has been granted. If your application is granted, the letter will detail the special accommodations granted.

Questions about this process should be directed to the Assoc. Vice Chancellor for Academic Support Programs, Southern University Law Center, 2 Roosevelt Steptoe, Suite 220/221, Baton Rouge, Louisiana 70813.

**Academic Support Programs and Academic Counseling**  
**Southern University Law Center**  
**Form No. 1**  
**APPLICATION FOR REASONABLE TESTING ACCOMMODATIONS**

This application, together with all applicable forms and documentation, must be filed at the same time you submit the examination application. Requests must be supported by documentation certifying the existence of a disability from a professional(s) qualified to evaluate and diagnose the condition. Failure to do so will result in the application not being processed.

**I. Background**

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Social Security No: \_\_\_\_\_

Exam Date: Fall Semester\_\_\_ Spring Semester\_\_\_ Summer Session\_\_\_

**II. Nature of Disability**

- A. Please check all that apply:
- |  |   |
|--|---|
| <input type="checkbox"/> Hearing Disability  | <input type="checkbox"/> Visual Disability      |
| <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Attention Deficit      |
| <input type="checkbox"/> Physical Disability   | <input type="checkbox"/> Hyperactivity Disorder |
| <input type="checkbox"/> Other Psychiatric or Physical Disability<br>(specify) _____ |   |
- B. Provide on a separate sheet a detailed statement describing the history, nature, extent, and current status of your condition. Describe in detail any major life activities which are substantially limited by the condition at the current time. If none, please state.
- C. Date last consulted with medical professional for this condition:  
\_\_\_\_\_

**III. Medical Professionals**

List all medical professionals consulted for the condition(s) for which you seek testing accommodation, the dates consulted, the diagnosis rendered, the course of treatment, and the duration of any course of treatment.

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

**IV. Accommodation History**

**A. High School**

1. Were you in a special school or a program to accommodate your condition?     YES         NO
2. Did you request testing accommodations?    YES    NO
3. Were you authorized to receive testing accommodations?  
 YES    NO
4. If the answer to No. 3 is "Yes", what accommodations were requested and what accommodations were granted?

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**B. SAT or ACT**

1. Did you take the SAT or ACT examination for entrance to college?  
 YES    NO
2. Did you request testing accommodations?    YES    NO
3. Were you authorized to receive testing accommodations?  
 YES    NO
4. If the answer to No. 3 is "Yes", what accommodations were requested and what accommodations were granted?

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**C. Undergraduate Education**

1. Did you request testing accommodations?    YES    NO
2. Were you authorized to receive testing accommodations?  
 YES    NO
3. If the answer to No. 3 is "Yes", what accommodations were requested and what accommodations were granted?

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**D. LSAT**

1. Did you request testing accommodations?    YES    NO
2. Were you authorized to receive testing accommodations?  
 YES    NO
3. If the answer to No. 3 is "Yes", what accommodations were requested and what accommodations were granted?

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I certify and declare, under penalty of perjury, that the information provided with my application is true and correct. I acknowledge that my application will not be considered unless all application forms and required documentation are fully completed.

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**Signature**

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**Date**

**Academic Support Programs and Academic Counseling  
Southern University Law Center  
Form No. 2  
PHYSICAL DISABILITY VERIFICATION Form**

**Notice:** This form must be completed by a licensed physician qualified to diagnose and treat the applicant's particular condition. Please include the information requested in the space provided. It is not acceptable to answer those inquiries with a notation referring to attached records.

Note: Do not use this form to verify ADD/ADHD or learning disabilities.

**I. Professional Background**

1. Name: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Business Address: \_\_\_\_\_

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

2. Please describe the credentials which qualify you to diagnose and/or verify the applicant's condition for which he/she seeks accommodation.

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

3. Please describe your experience, training, and qualifications in the area of testing accommodations for adults.

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

**II. Applicant's Condition**

1. Describe the current, specific diagnosis of the condition that you believe requires testing accommodations.

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

2. When was your last complete evaluation of the applicant's condition?

\_\_\_\_\_

3. When was the applicant first diagnosed with the condition?

\_\_\_\_\_

4. Describe the diagnostic criteria you used in reaching your diagnosis, including dates of examination and interpretation of the criteria.

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5. Describe your treatment of the condition and any medication prescribed for the condition, and the effects of the treatment and/or medication.

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6. Describe in detail any major life activities which are substantially limited by the applicant's condition at the current time. If none, please state.

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7. Is the applicant's condition permanent?  YES  NO

8. If the condition is temporary, when do you anticipate it will abate?

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**C. Recommended Accommodations**

The applicant is provided with answer booklets, in each of which the applicant writes his/her answers to the examination. The examinees are not allowed to have food or drink in the testing room, but they are allowed to leave the room to go the restroom and to the water foundation.

Based on this information and the applicant's current condition, what specific testing accommodation(s) do you recommend for the applicant, including a detailed explanation of why the accommodation is needed and how it will reduce the impact of the functional limitation(s).

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**D. Required Documentation and Verification**

I have attached to this form copies of all records in my possession, custody, or control on which I have relied in completing this form. I understand that the applicant authorizes the release of these records and understand that the request for accommodations will not be processed without these records. I further acknowledge that the applicant consents to my discussing this form or the attached documents with a representative of Southern University Law Center.

I have read the foregoing and certify that the information is true and correct.

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

**Academic Support Programs and Academic Counseling  
Southern University Law Center  
Form No. 3  
LEARNING DISABILITY VERIFICATION FORM**

**Notice:** This form must be completed by a licensed physician or other licensed professional qualified to diagnose and treat adults with a learning disability. Please include the information requested in the spaces provided. It is not acceptable to answer these inquiries with a notation referring to attached records; however, records are required to be submitted with the form. An applicant with a specific learning disability must have been identified by an approved psychoeducational assessment process which includes data from both cognitive and achievement measures. In addition, all such testing must also:

1. Have been administered within the last three years;
2. Identify an information processing deficit;
3. Certify that the applicant's aptitude is within the normal range; and
4. Identify an aptitude - achievement discrepancy of 1.5 standard deviation.

The diagnosis must be based on test results, history, and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests. Objective evidence of a substantial limitation to learning must be presented.

**A. Background**

1. Name: \_\_\_\_\_

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

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

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

2. Please describe the credentials which qualify you to diagnose and/or verify the applicant's condition for which he/she seeks accommodation.

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**B.** Please describe your experience, training, and qualifications in the area of testing accommodations for adults.

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**II. Applicant's Condition**

A. Describe the current, specific diagnosis of the condition that you believe requires testing accommodations.

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B. When was your last complete evaluation of the applicant's condition?

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C. When was the applicant first diagnosed with the condition?

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D. Describe the specific diagnostic criteria and/or diagnostic tests used to diagnose applicant, including dates of evaluation, test results, and a detailed interpretation of test results. You must attach to this form a complete copy of the evaluation and assessment tools conducted, as well as copies of your notes and other records relating to the applicant's condition.

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E. Date cognitive assessment was completed: \_\_\_\_\_

F. Date achievement assessment was completed: \_\_\_\_\_

G. List applicant's test scores which document that the applicant is at least 1.5 standard deviations below aptitude.

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H. State each date you have seen applicant for a consultation.

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I. When was your last complete evaluation of the applicant? \_\_\_\_\_

J. What occasioned this evaluation? \_\_\_\_\_

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K. Briefly describe your treatment of the condition and any medication prescribed for the condition, and the effects of the treatment and/or medication.

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- L. Describe in detail any major life activities which are substantially limited by the applicant's condition at the current time. If none, please state.

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- M. Is the applicant's condition permanent?     YES  NO

If the condition is temporary, when do you anticipate that it will be abate?

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**III. Recommended Accommodations**

Note: Southern University Law Center Final Examination is usually a four hour examination. During each session, the applicant is provided with answer booklets, in each of which the applicant writes his/her answers to the essays. The typical physical environment consists of a large room in which several students are seated in seats. The students are not allowed to have food or drink in the testing room, but they are allowed to leave the room to go the restroom and to the water fountain.

Based on this testing information and the applicant's current condition, what specific testing accommodation(s) do you recommend for the applicant, including a detailed explanation of why the accommodation is needed and how it will reduce the impact of functional limitation(s).

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**IV. Required Documentation and Verification**

I have attached to this form copies of all records in my possession, custody, or control on which I have relied in completing this form. I understand that the applicant authorizes the release of the records and understands that the request or accommodations will not be processed without these records. I understand that the applicant consents to my discussing this form or the attached documents with a representative of Southern University Law Center.

I have read the foregoing and certify that the information is true and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Academic Support Programs and Academic Counseling**  
**Southern University Law Center**  
**Form No. 4**  
**ADHD VERIFICATION Form**

**Notice:** This form must be completed by a licensed psychiatrist or licensed psychologist qualified to diagnose and treat adult Attention-Deficit/Hyperactivity Disorder (ADHD). The evaluator must fill out this entire form which provides a summary of a comprehensive evaluation which must be attached. Please include the information requested in the spaces provided below. It is not acceptable to answer these inquiries with a notation referring to attached records. Comprehensive training and experience in the diagnosis of ADHD and other psychiatric disorders is necessary.

A diagnosis of ADHD must be supported by a comprehensive evaluation conducted within the last three (3) years. Neuropsychological/psychoeducational evaluation is often deemed necessary for differential diagnosis and should be included as part of the evaluation.

The information collected by the evaluator contained in the report must consist of more than self-report by the applicant. The evaluator is expected to review and discuss DSM-IV Diagnostic Criteria for ADHD (currently and retroactively) and describe in detail the extent to which the applicant meets these criteria. The report must include a specific ADHD diagnosis based on the DSM-IV criteria. A thorough diagnostic summary based on a comprehensive evaluation process is a necessary component of this application. This summary must include: (1) a demonstration of the evaluators having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors; (2) indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the lifespan and across settings are used to determine the presence of ADHD; (3) indication of the substantial limitation of learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested; and (4) an indication as to why specific accommodations are needed and how the effects of ADHD symptoms are ameliorated by the accomplishments. The following is a comprehensive evaluation summary sheet. Please briefly answer each question.

**A. Professional Background**

1. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
License/Certification Number: \_\_\_\_\_

2. Please describe the credentials which qualify you to diagnose and/or verify the applicant's condition for which he/she seeks accommodation.

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

3. Please describe your experience, training, and qualifications in the area of testing accommodations for adults.

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

**B. Applicant's Condition**

1. When was the applicant first diagnosed with ADHD?

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2. Did you make the initial diagnosis?  YES  NO

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3. Briefly describe the applicant's current self-reported ADHD symptoms:

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4. Does the applicant meet full DSM-IV criteria for:

a. ADHD combined type?  YES  NO

b. ADHD inattentive type?  YES  NO

c. ADHD hyperactive impulse type?  YES  NO

5. Does the applicant have a documented history of childhood ADHD?

YES  NO

6. If you answered "yes" to the above questions, describe when ADHD was first diagnosed; if you answered "no", what objective evidence was reviewed in support of an undiagnosed childhood ADHD history?

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What evidence was presented to indicate impairment from ADHD symptoms within non-academic environments? Briefly describe.

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7. Is there evidence of a comorbid psychiatric condition or learning disability?

YES  NO

8. If you answered "yes" to the preceding question, briefly describe.

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9. Has formal cognitive and/or psychological testing been administered to the applicant?  YES  NO

10. If you answered "yes" to the preceding question, attach a complete copy of the report, including test scores. If you answered "no" explain why testing was not deemed necessary to rule out comorbid problems/alternative explanations for ADHD symptoms.

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11. Describe your treatment of the condition, and any medication, prescribed for the condition and the effects of the treatment and/or medication.

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12. Is the applicant's condition permanent?  YES  NO

13. If the condition is temporary, when you anticipate it will abate?

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14. What evidence has been reviewed to indicate that ADHD symptoms cause the applicant difficulty taking tests?

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15. What evidence has been reviewed to indicate that the requested accommodations ameliorate ADHD symptoms during tests?

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**C. Recommended Accommodations**

Note: The Southern University Law Center Examination is usually a four hour examination. During each exam session, students are administered essay type tests consisting of essay questions. During each exam session, the applicant is provided with answer booklets, in each of which the applicant writes his answers to the essays. The typical physical environment consists of a large room in which several applicants are seated in seats. The students are not allowed to have food or drink in the testing room, but they are allowed to leave the room to go the restroom and to the water fountain.

Based on this information and the applicant's current condition, what specific testing accommodation(s) do you recommend for the applicant, including a detailed explanation of why the accommodation(s) is needed and how it will reduce the impact of functional limitation(s).

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**D. Required Documentation and Verification**

I have attached to this form copies of all records in my possession, custody, or control on which I have relied in completing this form. I understand that the applicant authorizes the release of these records and understand that the request for accommodations will not be processed without these records. I further acknowledge that the applicant consents to my discussing this form or the attached documents with representative(s) of Southern University of Law Center.

I have read the foregoing and certify that the information is true and correct.

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**Signature**

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**Date**