

SOUTHERN UNIVERSITY LAW CENTER
OFFICE OF ACADEMIC SUPPORT PROGRAMS, ACADEMIC COUNSELING, AND BAR PREPARATIONS
REACHING NEW HEIGHTS OF EXCELLENCE
Post Office Box 9294
Baton Rouge, Louisiana 70813-9294

Office: (225) 771-4900 ext. 276
Fax: (225) 771-5913
Dparker@sulc.edu

ADA ACCOMMODATIONS POLICY

Notice of Non Discrimination Policy

Southern University Law Center (SULC) prohibits discrimination against individuals with disabilities in the administration of its educational policies, admissions policies, and all other SULC administered programs and activities.

General Policy Statement

It is the policy and practice of SULC to comply with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act, state, and local requirements regarding students and applicants with disabilities.

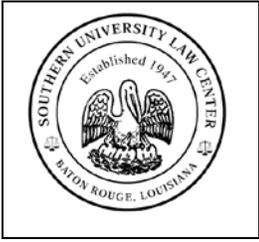
It is also the policy of SULC to provide reasonable accommodations for its students. SULC, however, will be unable to provide accommodations that are unduly burdensome or that fundamentally alter SULC's program of education.

How to Apply for Accommodations

A student seeking accommodations shall contact the ADA Coordinator as soon as possible once enrolled at SULC to obtain an application for accommodations. The completed application must be returned to the ADA Coordinator along with all supporting and appropriate documentation. The application for accommodations and supporting documentation must be submitted at least ten (10) business days prior to the requested accommodation. For final exams, the application and supporting documentation must be submitted by October 31st of the fall semester and March 31st of the spring semester.

Once the application for accommodations and supporting documentation has been approved, a meeting must be scheduled with the ADA Coordinator. During this meeting, requested accommodations will be discussed. Approval or denial of accommodations will follow the discussion.

If changes in accommodations are requested after initial approval, updated documentation may be requested.

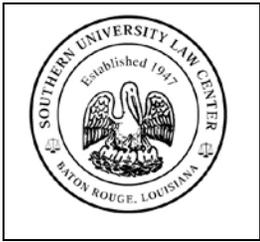


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Midterms and Quizzes

Students must notify the ADA Coordinator at least ten (10) days in advance of any midterms or quizzes that are taking place in class in order to make appropriate classroom reservations in order for the student to receive accommodations for said midterm or quiz.



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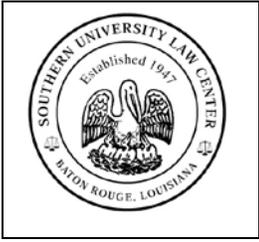
Dear Student:

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 3 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 3 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.



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- 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. Also read, the attached Disabled Student Service Statement.

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

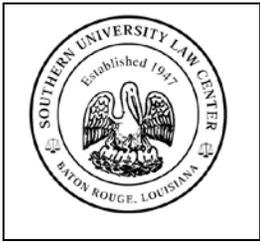
Students must check with any state in which they intend to take a bar examination to determine whether accommodations are made for documented disabilities. Please be advised that approved accommodations in law school do not necessarily qualify students for bar examination accommodations. Consult the bar examination or testing agency's documentation guidelines and requirements.

In addition to the requirements for the accommodations application, all students shall complete a Declaration Form for the State of Louisiana per the 1993 National Voter Registration Act.

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

Sincerely,

ADA Coordinator



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Southern University Law Center Guidelines for Accommodations or Services

Students requesting accommodations or services because of a 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 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 limits some major life activity, including learning.

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

The Southern University Law Center will determine eligibility and appropriate accommodations and/or services, nature, length, complexity, and context of the communication and the person's case by case, based on the quality, 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



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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-3rd Edition (WAIS-III).
- b. Wechsler Adult Intelligence Scale-Revised (WAIS-R).
- c. Stanford Binet Intelligence Scale-4th and 5th Edition (SB IV, V) d. Woodcock-Johnson.
- d. Psychoeducational Battery-3rd 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-3rd 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 3rd Edition.



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APPLICATION DEADLINE: Fall Semester – October 31st and Spring Semester – March 31st

For additional information, please contact Dorothy Straughter-Parker, Performance Reporting Analyst and ADA Coordinator, 225-771-4900 extension 286 or email dparker@sulc.edu.



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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 Section 504 of the Rehabilitation Act of 1973 and 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.

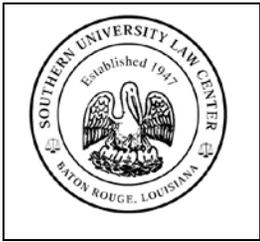
The burden of proof remains at all times with the applicant to show the existence of a disability and the demonstrated need for testing accommodations. Costs incurred in establishing the existence of a disability and the need for accommodation are the responsibility of the applicant.

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 ADA Coordinator according to the ADA Accommodations Policy. 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 – Episodic/In Remission Or 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 its discretion, may accept older documentation of conditions, which are permanent.



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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 ADA Coordinator, Southern University Law Center, 2 Roosevelt Steptoe, Suite 286, Baton Rouge, Louisiana 70813.



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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 (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.



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IV. Accommodation History

A. High School

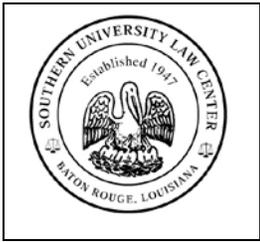
1. Were you in a special school or a program to accommodate your condition? YES NO
2. Did you request testing accommodations? YES NO
3. Were you authorized to receive testing accommodations?
 YES NO
4. If the answer to No. 3 is "Yes", what accommodations were requested and what accommodations were granted?

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?

C. Undergraduate Education

1. Did you request testing accommodations? YES NO
2. Were you authorized to receive testing accommodations?



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V. Accommodation Request

Describe the accommodations(s) you are requesting to ameliorate any test taking difficulty resulting from your medical condition.

(Use separate sheet if necessary.)

VI. Consent to Release of Information and Verification

By my signature below, I consent to and authorize the release of the information, reports, and records required in all of the accommodation forms. If clarification and/or further information regarding the documentation provided is needed, I authorize a designated representative or agent of Southern University Law Center to contact the professional(s) who diagnosed or treated my condition and/or those entities who have granted me testing accommodations in the past. I authorize such professional(s) and entities to communicate with the designated representative or agent regarding such clarification and/or further information.

I fully understand that my application for reasonable testing accommodations and all supporting documentation may be submitted to their party experts retained by the Southern University Law Center, and I consent to such submission.

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.

Signature

Date



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Form No. 2
EPISODIC/IN REMISSION OR 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.



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-
-
-
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.
-
-
-
5. Describe your treatment of the condition and any medication prescribed for the condition, and the effects of the treatment and/or medication.
-
-
-
-
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.
-
-
-
-
-
-
7. Is the applicant's condition permanent? YES NO



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

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).

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



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Academic Support Programs and Academic Counseling
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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

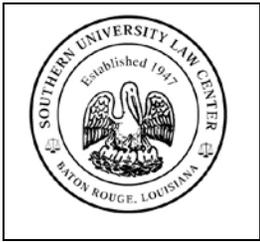
1. Name: _____

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.

II. Applicant's Condition

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

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?

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.

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.

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

J. What occasioned this evaluation? _____

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

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?

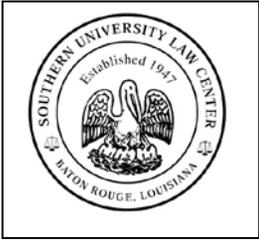
III. Recommended Accommodations

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).

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.



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REACHING NEW HEIGHTS OF EXCELLENCE
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I have read the foregoing and certify that the information is true and correct.

Signature

Date



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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.



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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?

2. Did you make the initial diagnosis? YES NO

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

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.

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.

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.

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

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?

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

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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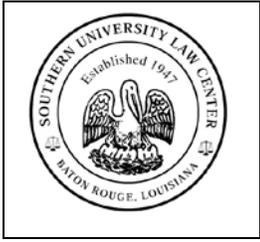
D. Required Documentation and Verification

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.

Signature

Date



Grievance Procedure

SULC 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.”

1. The complaint should be filed in writing with the ADA Coordinator and include the name and address of the person filing it. Please use the attached form to briefly describe the alleged violation.
2. The complaint should be filed within seven (7) days after the complainant becomes aware of the alleged violation. All supporting documentation must be filed along with the complaint.
3. The investigation will be conducted by the ADA Grievance Committee.
 - a. The ADA Grievance Committee shall consist of (a) Associate Vice Chancellor of Academic Support, Counseling, and Bar Preparations, (b) two (2) faculty members, and (c) other academic or administrative personnel that is deemed appropriate by the ADA Coordinator.
 - b. The ADA Coordinator will notify the student as to the committee members.
 - i. If the complainant has a good faith objection to any committee member’s participation, the student must respond with a written objection within two (2) days.
 - ii. The ADA Coordinator will either replace this member or instruct the ADA Grievance Committee to proceed without the member that was the subject of the complainant’s objection.
 - c. The ADA Grievance Committee may interview or consult with the student and any other individual the committee believes to have relevant information including faculty, staff, and other students.



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4. A written determination as to the finding of facts and proposed resolution will be issued by the Associate Vice Chancellor of Academic Support, Counseling, and Bar Preparations within fourteen (14) days of initiating the investigation to the ADA Coordinator.
5. The ADA Coordinator will communicate the resolution from the ADA Grievance Committee to the complainant within 48 hours in writing.
6. The complainant can make a request for reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made by the complainant within seven (7) days directed to the Chancellor of SULC through the ADA Coordinator.
 - a. The Chancellor of SULC shall submit his or her written determination to the complainant and the ADA Coordinator within seven (7) days of the receipt of the final reconsideration.
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 a filing of a Section 504 or ADA complaint with the responsible federal department or agency. Using this grievance procedure is not a prerequisite of other remedies.



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SULC ADA/SECTION 504 GRIEVANCE FORM

Date: _____

Personal Information

Name of Grievant: _____

Telephone Number: _____

E-mail Address: _____

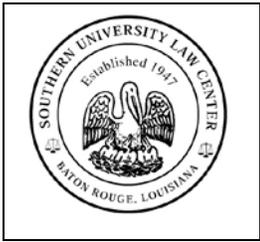
S Number.: _____

Complaint Information

Please describe the incident and the complaint (Please attach additional pages if needed).

When did the incident occur?

Names of all SULC members (faculty, staff, or student) involved.



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If others are affected by the possible violation, please list his or her name and/or positions

Have any efforts been made to solve the complaint informally? Please list

Describe any corrective action you would like to see taken with regard to the possible violation.

Signature of Grievant

Date