

Qualified Professional Form

Please type or print clearly. You (the candidate) must complete page 1; pages 2 through 4 are to be completed by your [Qualified Professional](#). A scanned electronic copy of the completed form should be uploaded into the online Request Accommodations system in your LSAC account when you submit your online request.

Candidate Name: _____

LSAC Account Number: _____ Date of Birth: _____

You must present adequate evidence of a disability to support your request. The type and amount of documentation that you must submit will depend on whether you have prior documentation of a disability determination. Please share these instructions with anyone who is assisting you with providing supporting documentation.

Note: Documentation submitted in support of a request for testing accommodations should not be more than five (5) years old for candidates seeking accommodation for mental or cognitive disabilities. Candidates seeking accommodation for any other disabilities may submit evidence of disability from a Qualified Professional who examined them any time after they reached the age of 13.

Prior Documentation of Disability

- A. Do you have any of the following documentation from a Qualified Professional who previously examined you within the past five years (if you are seeking accommodation based on mental or cognitive disabilities) or any time after you reached the age of 13 (if you are seeking accommodation based on any other disability):**

Documentation of disability in previous Individualized Education Program (IEP)
Documentation of disability in previous Section 504 Plan
Documentation of disability in previous Summary of Performance
Documentation of disability in previous Private School Formal Written Plan
Documentation of disability in an outside, private evaluation from a Qualified Professional
Documentation of disability from a Medical Doctor Evaluation or Letter from a Qualified Professional

Yes No

- B. Do you certify that you continue to have this disability?**

Yes No

If you answered "yes" to questions A and B above, upload copies of the relevant documentation with your online submission.

Current Evidence of Disability

If you do not have prior documentation of a disability as set out in Section I, you will need to submit documentation from a Qualified Professional that you have a disability that restricts your ability to demonstrate your aptitude or achievement on all or part of the LSAT. Such documentation, when appropriate, may include standardized test data from appropriate evaluation instruments; a comprehensive evaluation; a relevant history; **or** a supporting statement describing the individual's disability, impairment, areas of limitation, effects on test taking, and testing accommodation needs (the statement can be provided on page 4). The documentation may also show that you have a temporary disability, such as a broken bone in your dominant writing hand or a herniated disc, that restricts your ability to demonstrate your aptitude or achievement on all or part of the LSAT.

If you need to submit current evidence of disability, please have your Qualified Professional fill out the remainder of this form (pages 2 through 4).

Candidate's Signature

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

Signature

Date

Qualified Professional: Please complete all information on pages 2 through 4.

Evidence of Disability:

Candidate Name: _____

LSAC Account Number: _____ Date of Birth: _____

Information about the Qualified Professional (for verification purposes only):

Name: _____

Title (if applicable): _____

License/Certification No. (if applicable): _____

Address: _____

City, State, Zip/Postal Code: _____

For the purposes of providing evidence of disability, a **Qualified Professional** is a person who is licensed or otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought.

Please provide a brief statement of your professional qualifications.

Information about the candidate's disability:

Disability/diagnostic code, if available _____

Date of diagnosis _____

Did you personally examine the candidate? Yes No

If so, when did you last examine the candidate? _____

You must include evidence to substantiate the candidate's reported disability.

Such documentation, when appropriate, may consist of a comprehensive evaluation; a relevant history; standardized test data from appropriate evaluation instruments; **or** a written statement describing the individual's disability, impairment, areas of limitation, effects on test taking, and testing accommodation needs (**this statement may be provided on page 4 of this form**). You may also provide documentation that the candidate has a temporary disability, such as a broken bone in the candidate's dominant writing hand or a herniated disc, that restricts the candidate's ability to demonstrate their aptitude or achievement on all or part of the LSAT.

Please use page 4 of this form to provide your written statement for the candidate. If appropriate, attach any relevant supporting documentation.

Accommodation(s) Recommended by the Qualified Professional:

Test Accommodations: The following is a non-exhaustive list of commonly requested test accommodations. If the recommended accommodation is not listed, mark “other” and explain the accommodation.

LSAC does not offer an untimed test. The amount of additional test and/or break time must be specified.

ACCOMMODATIONS RECOMMENDED FOR THE LSAT (multiple-choice sections):

- A. Additional test time on **multiple-choice sections**
 - 50% additional time (i.e., time-and-a-half, or 53 minutes per section)
 - 100% additional time (i.e., double time, or 70 minutes per section)
 - Other Please specify: _____
- B. Breaks between test sections Specify the number of minutes _____
- C. Stop/start breaks (as needed for breaks during test section[s])
- D. Paper & pencil Specify: **Regular Print Format** **Large Print (18 pt. font) Format**
 - Alternate non-Scantron answer sheet
 - Mark answers in test book
- E. Braille (UEB)
- F. Use of a human reader (candidates approved for a human reader are permitted to provide their own for the remote proctored test) [Policy on Readers](#)
- G. Use of an amanuensis/scribe (candidates approved for an amanuensis/scribe are permitted to provide their own for the remote proctored test)
- H. Sit/stand
- I. Other Please **specify** other requested accommodation(s) _____

ACCOMMODATIONS RECOMMENDED FOR LSAT ARGUMENTATIVE WRITING (the Writing Sample portion):

NOTE: Some LSAT Argumentative Writing accommodations (e.g., paper & pencil, braille, stop/start breaks, use of a human reader and/or amanuensis) require an appointment for online, live remote proctoring.

- A. Additional test time on **LSAT Argumentative Writing**
 - 50% additional time (i.e., time-and-a-half, or 23 minutes prewriting and 53 minutes essay)
 - 100% additional time (i.e., double time, or 30 minutes prewriting and 70 minutes essay)
 - Other Please specify: _____
- B. Stop/start breaks (as needed for breaks during test section[s])
- C. Paper & pencil Specify: **Regular Print Format** **Large Print (18 pt. font) Format**
- D. Braille (UEB)
- E. Use of a human reader (candidates approved for a human reader are permitted to provide their own for the remote proctored test) [Policy on Readers](#)
- F. Use of an amanuensis/scribe (candidates approved for an amanuensis/scribe are permitted to provide their own for the remote proctored test)
- G. Other Please **specify** other requested accommodation(s) _____

Qualified Professional's Written Statement

In the section below, please **describe the nature of the candidate's disability or area of impairment**, and **provide a reasonable explanation for why the specific test accommodations you recommend are necessary to best ensure that the candidate's LSAT results accurately reflect the candidate's aptitude or achievement level.**

If needed, you may attach additional pages and any other supporting documentation.

Qualified Professional's Signature:

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

Signature of Professional

Date

License # (if applicable)