I. Identifying the Need for Accommodations

Students with disabilities who require accommodations must self-identify those needs to the Assistant Dean for Student Development as follows:

**Fall Semester**

<table>
<thead>
<tr>
<th>Accommodations other than exams</th>
<th>August or as need arises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Exams</td>
<td>As need arises</td>
</tr>
<tr>
<td>Final Exams</td>
<td>November 15(^{th})</td>
</tr>
</tbody>
</table>

**Spring Semester**

<table>
<thead>
<tr>
<th>Accommodations other than exams</th>
<th>January or as need arises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Exams</td>
<td>April 1(^{st})</td>
</tr>
</tbody>
</table>

**Summer**

| Final Exams                     | First Week of Classes    |

DO NOT ASSUME THAT YOUR INFORMATION IS KNOWN TO THE ASSISTANT DEAN FOR STUDENT DEVELOPMENT

*Students with disabilities who require accommodations must make these needs known in a timely fashion and must submit appropriate documentation requirements in a timely fashion. (See Dates Above and Application).

*Students who do not require accommodations need not make their disabilities known.

* Students must submit all completed forms and documentation to the Office of Student Affairs. Room 223B, Dean’s Suite, 2\(^{nd}\) Floor, Law School Building The law school will review the application and prepare written notices to the student and his/her professors.

* Information on the nature of the student’s disability and accommodations is treated as confidential information under applicable federal, state, and university laws and policies, and is only provided to individuals who are privileged to receive such information on a need-to-know basis. Faculty members who are apprised of a disability are advised that the nature of the student’s disability is confidential and not released without the student’s written permission.

* In some cases where only minor accommodations are required (such as requesting to sit in the front row because of a visual, hearing, or other impairment), the student should feel free to request this of the faculty member. If requests for minor accommodations are not responded to adequately, the student should make the request to the Assistant Dean for Student Development.
II. Accommodations

The Law School will make reasonable accommodations for properly documented disabilities. Such accommodations will not be provided if they fundamentally alter the nature of the program or if they would be unduly burdensome either financially or administratively.

A. Academic Modification

Academic modifications include reduced course loads to a minimum of 12 hours, extended time for exams or similar modifications. The student is expected to complete the curriculum as listed in the Student Rules and Regulations, no exceptions.

Only modifications that do not fundamentally alter the nature of the program and that are not unduly burdensome financially or administratively are required by law. Having a disability does not authorize an excused absence. This office does not issue excused absences.

B. Auxiliary Services

Auxiliary services may include, but are not limited to, assistance with photocopying and library retrieval, assistance in getting to and from classes, and other support services in connection with the academic programming. Services for personal use are not provided.

The Law School does not provide individual tutorial assistance tailored to the special needs of learning disabled students. The Law School offers a tutorial program for first year law students, which does not discriminate on the basis of disability. The learning disabled student may participate in the program. Additionally, the Assistant Dean for Student Development may refer learning disabled students to the Office of Academic Support in order to obtain additional help in appropriate cases.

Occasional assistance in the library may be obtained by making a request of the library desk staff. The student who will require more extensive assistance and/or assistance on a regular basis should make this need known to the Assistant Dean for Student Development. That office will work with the Law Library staff to facilitate an appropriate schedule of assistance. Students who are unable to receive satisfactory responses to their requests for assistance should direct this concern to the Assistant Dean for Student Development.
C. Exam Modifications

Exam modifications may include additional time to take the exam, restroom breaks, taking the exam in a separate exam room from the class, and other specific accommodations as needed on a case-by-case basis.

All exam modification requests are to be directed to the Assistant Dean for Student Development. (This form is included in the application. (See Application). Because of the extra time involved to arrange these requests, students must make such requests no later than the dates listed in Section I of this policy.

Exam accommodation requests must be renewed each semester. Depending on the nature of the disability, new or updated documentation may be required. Any student who arrives at an exam that does not provide the applicable modifications must notify the proctor at that time. This will allow the law school to provide proper accommodations during the exam. Any student who does not follow this procedure and takes the exam without notifying the proctor will not be allowed to contest the accommodations provided/not provided.

Please note that accommodations provided for the bar examinations may not be the same accommodations as those provided by the Law School. Inquiries concerning accommodations for the Texas Bar Examination may be directed to:

State Board of Law Examiners
510 South Congress Avenue South 116
Austin, Texas 78711
(512) 463-1621
www.ble.state.tx.us

D. Parking

There are several accessible parking spaces in the front of the law school and East Garage near the Law School for individuals who have state issued handicap parking designations.

E. Accessible Restrooms

All restrooms in the law school are accessible to students with disabilities.

F. Classrooms

All classrooms are accessible. For this reason, students with mobility impairments are requested to advise the Assistant Dean for Student Development as early as possible.

G. Housing

For information on housing, contact 713-313-7205.
H. **Modification of Policies and Practices**
Class attendance is generally deemed to be a fundamental aspect of legal education. For that reason, faculty members are not expected to waive attendance policies for students with disabilities. **The Office of Student Affairs will not issue excused absences.**

III. **Academic Dismissal & Readmission**
Students who are academically dismissed may raise a disability as the basis for the academic difficulty. Unless an academically dismissed student timely applied for accommodations, presented appropriate documentation, and demonstrated that the law school either denied accommodations or provided insufficient accommodations, he/she will not be readmitted. Students with complaints should follow the procedure under Section IV. Grievances.

IV. **Grievances**
Texas Southern University has adopted an internal complaint procedure providing prompt and equitable resolution of complaints alleging any action prohibited by the Title II of the ADA and/or Section 504 of the Rehabilitation Act.

All complaints concerning the law school should be addressed to the Assistant Dean for Student Development at:

Office of the Dean
Mrs. Rita Johnson, Sr. Administrative Assistant
Dean’s Suite

The following steps explain the procedure in the School of Law:

1. A complaint should be filed in writing, 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 three (3) business days after the complainant becomes aware of the alleged violation.

3. An investigation, as may be appropriate, shall follow a filing of complaint. The Assistant Dean for Student Development shall conduct the investigation. These rules allow for an informal but thorough investigation, 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, shall be issued by the Assistant Dean for Student Development.
Development and a copy forwarded to the complainant and the Dean of the Law School no later than fifteen (15) business days after its filing.

(5) The Assistant Dean for Student Development shall maintain the files and records of the Texas Southern University Thurgood Marshall School of Law relating to the complaints filed.

(6) The complainant can request an appeal of the case in instances where he or she is dissatisfied with the resolution. The request for appeal should be made within five (5) business days to:

Dean of the Law School
Thurgood Marshall School of Law
3100 Cleburne Ave.
Houston, Texas 77004

(7) The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person’s pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency.

(8) These rules shall be constructed to protect the substantive rights of interested persons to meet appropriate due standards and to assure that Texas Southern University complies with the ADA and implementing regulations.

If the complainant is dissatisfied with the determination by the law school, he/she may appeal within five (5) business days to

ADA/504 Coordinator Texas Southern
University Office of Human Resources
Hannah Hall Room 126 3100 Cleburne Avenue
Houston, Texas 77004
Phone: 713 313 7037 or 713 313 7521

See the university ADA/504 Policy, MAPP Policy 02.05.15 at

V. Additional Information

A list of addresses and phone numbers is provided. (See Appendix “A”)
Appendix “A”:

Disability Rights Bar Association
http://disabilityrights-law.org/

National Association of Blind Lawyers, (NABL) a Division of the National Federation of the Blind
President: Scott LaBarre
1660 South Albion Street, Suite 918
Denver, Colorado 80222-4046
Work: 303-504-5979
Fax: 303-757-3640
Email: slabarre@labarrelaw.com
Mailing List: http://www.nfbnet.org/mailman/listinfo/blindlaw_nfbnet.org

American Association of Visually Impaired Attorneys
(Formerly American Blind Lawyers Association)
Steven Mendelsohn, President
1550 Bancroft Ave. #113
San Leandro, CA 94577
H: (510) 357-1844
C: (917) 257-0196
I: (510) 432-0814
E-mail: smendel@panix.com
Website: www.visuallyimpairedattorneys.org
Last updated July 10, 2018

American Bar Association Commission on Disability Rights
http://www.americanbar.org/groups/disabilityrights.html

State Bar of Texas Disabilities Issues Committee
http://www.texasbardisabilityissues.org/

Helpful Links https://txbardisabilityissues.wordpress.com/resources/

Texas Lawyers Assistance Program (TLAP)
https://www.texasbar.com/AM/Template.cfm?Section=Texas_Lawyers_Assistance_Program1&Template=/CM/HTMLDisplay.cfm&ContentID=30501
Diversity Resources [https://www.texasbar.com/AM/Template.cfm?Section=Find_Diversity_Resources&Template=/CM/HTMLDisplay.cfm&ContentID=29570](https://www.texasbar.com/AM/Template.cfm?Section=Find_Diversity_Resources&Template=/CM/HTMLDisplay.cfm&ContentID=29570)

Texas Young Lawyers Association

Support Groups for Those with Physical Disabilities

Mental Health America of Greater Houston

National Women’s Health Resource Center

National Men’s Health Resource Center

Center for Disease Control [http://www.cdc.gov/ncbddd/disabilityandhealth/people.html](http://www.cdc.gov/ncbddd/disabilityandhealth/people.html)

Global HIV/Aids Organizations

National Lesbian and Task Force Fighting HIV/Aids from the Beginning

Steve Fund
[https://www.stevefund.org/about/](https://www.stevefund.org/about/)

Jed Foundation, Nonprofit to protect the mental health and prevent suicide for teens and young adults
[https://www.jedfoundation.org/who-we-are/](https://www.jedfoundation.org/who-we-are/)
Appendix “B” : General Application
STUDENT APPLICATION FOR ADA/504 ACCOMMODATIONS

I submit this application for accommodations under ADA/504 to the Office of Student Affairs at Texas Southern University Thurgood Marshall School of Law.

Please read and initial each of the following statements.

1. ____I will read the directions on the general application, fill in the requested information, and answer the questions to the best of my ability.
2. ____I will submit a copy of the applicable directions for documentation to the appropriate licensed professional who makes my assessment and recommendation. (Directions I for Learning Disability, Directions II for Visual Disability, Directions III for Hearing Disability, Directions IV for Any Other Medical, Physical, or Mental Illness (Not Learning Disabilities, Attention Deficit Disorder, or Visual or Hearing Impairment), Directions V for Attention Deficit Disorders (ADD/ADHD).
3. ____I will submit my original application and proper documentation to Office of Student Affairs for evaluation.
4. ____I will submit all applications and documentation in a timely manner to allow the law school sufficient time for evaluation and determination of accommodations.
5. ____I understand that I will not receive accommodations until all of the above steps have been completed.

Instructions to Petitioner. File two original copies with Mrs. Johnson in the Dean’s Office. She will file stamp and initial the date she receives them, keep one original for the Dean’s Office, and return one to you. Please keep your copy for your records.

OFFICE USE ONLY

Date filed

Law School Administrator ________________________________ Date ______________________
The University maintains a policy for students with disabilities in accordance with the American with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. Under these federal guidelines the University is obligated to:

1. Protect the civil rights of students with disabilities.
2. Protect the confidentiality and privacy of students with disabilities.
3. Provide reasonable accommodations and services to students with known disabilities, who are qualified to meet the requirements of the academic program, apart from the handicapping condition.

Under these federal guidelines the University is not obligated to:

1. Identify students with disabilities; the burden of proof is on the student to demonstrate the need for the requested accommodations.
2. Provide testing services the cost associated with demonstrating a need for requested accommodations is borne by the student.
3. Provide retroactive consideration for an exam retake, change in grade, readmission, or other such actions.
4. Provide accommodations that are not reasonable, place undue financial requirements of the program.
5. Provide accommodations or services to a person merely because they have been properly diagnosed as disabled or handicapped.

The student must show a substantial limitation, compared to the average person in the general population. If an educational accommodation or service is requested, the student must show that the substantial limitation pertains to education.

In order to comply with these regulations, the University has implemented the following:

1. All requests for accommodations and services will be reviewed on a case-by-case basis. The University may seek independent recommendations by a licensed educational diagnostician, or appropriate health care provider.
2. The University may request additional or updated documentation.
3. The University will notify students, in writing, as to the status of their requests for accommodations and services, within 30 school days of receipt of this completed application.
4. All requests for accommodations and services must be submitted, in full no later than the fourth week of the current semester, or as soon as the disability is known.
5. The University will provide, at no cost to the student, counseling services to help the student understand the University policies relating to the federal guidelines for students with disabilities.

Students must provide complete, candid, and realistic information concerning the nature of the disability, special needs, and may support services required. This information will be retained in a confidential manner by this department.
STUDENT NAME:__________________________________    DATE(MM/DD/YYYY):____________________

EMAIL ADDRESS:__________________________________    SSN#:______________________________

LOCAL PHONE #:______________    PERMANENT PHONE #:____________________

LOCAL ADDRESS:

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>(Apt.)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
</tr>
</thead>
</table>

PERMANENT ADDRESS: (if different from above)

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>(Apt.)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
</tr>
</thead>
</table>

EMERGENCY CONTACT:

Name:__________________________________    Phone #:____________________

CLASSIFICATION:

1L ______  2L ______  3L ______  LLM________    Cumulative GPA:____________________

Please return this completed form with the following attachments.
Your application will be considered once you have returned the above forms.

1. An official notice of testing accommodations granted for the LSAT if you received accommodations.
2. A current report of your disability by a licensed professional. (See accompanying verification form)
3. An official notice of accommodations you received at your undergraduate university.

What is the nature of your disability? ________________________

Have you received accommodations or services in the past? If so, describe briefly.

______________________________________________________________________________

If not, explain briefly why you did not receive them in the past, and why accommodations are needed now.

______________________________________________________________________________

What assistance or accommodations do you believe you require?

______________________________________________________________________________

______________________________________________________________________________

I HAVE READ AND UNDERSTAND THIS APPLICATION. BY SIGNING THIS FORM, I HEREBY GRANT THE LAW SCHOOL PERMISSION TO NOTIFY PROFESSORS AND/OR ACADEMIC ADVISORS OF ANY ACCOMMODATIONS OR SERVICES GRANTED BY THIS DEPARTMENT.

Student’s Printed Name:______________________________    Date:__________________

Student’s Signature:______________________________    Date:__________________
ACCOMMODATIONS REQUEST FORM
(Other Than Exams to be Completed by Student)

Last Name: ____________________________  First Name: ____________________________

Date: ________________________________  Phone: ________________________________

Disability ____________________________  Documentation ____________________________

Accommodations Requested (Be as specific as possible)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Student’s Printed Name: ____________________________
Student’s Signature: ____________________________
Dean of Student Affairs’ Signature: ____________________________
Date: ____________________________

Appointment To See Dean of Student Affairs ____________________________

Application is not deemed completed unless student obtains Dean of Student Affairs’ signature upon submission.

Office Use Only

Approved ______  Denied ______

cc: Accommodations Master File
    Student File
EXAMS ACCOMMODATIONS REQUEST FORM

(To be completed by student)

To be submitted in September for Fall Semester, January for Spring Semester, and first
week of classes for Summer Semester.

Name ___________________________  Date ___________________________

T # ___________________________  Phone ___________________________

Disability ___________________________  Documentation ___________________________

Accommodation(s) Requested – i.e., extra time, space, etc. (Be as specific as possible)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

List all professors for the current semester:

<table>
<thead>
<tr>
<th>Course</th>
<th>Instructors</th>
<th>Days and Times of Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For administrative use only:  Accommodations

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
RELEASE OF INFORMATION

In order to obtain information needed and/or information requested, I authorize the Office of Student Affairs to obtain/release information pertinent to me from/to the following:

______________ Consultant

______________ Faculty or other Texas Southern University Personnel

(Specify) ______________________________________

______________ Other agencies/organizations

(Specify) ______________________________________

______________ Individual(s)

(Specify) ______________________________________

I recognize that confidentiality of information is maintained and that only that which is absolutely necessary and appropriate will be shared with others.

____________________________________
Printed Name

___________________________
Date

___________________________
Signature

___________________________
Date

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
Permission Revoked:

____________________________________
Student Signature

___________________________
Date
DIRECTIONS FOR DOCUMENTATION OF A LEARNING DISABILITY

FROM YOUR UNDERGRADUATE SCHOOL
If your Disability was diagnosed while you were in undergraduate school, call or write your Accommodations Department and request:
1. A copy of accommodations you received while enrolled there.

FROM OUTSIDE TESTING AGENCIES
An official notice of testing accommodations granted for the LSAT test if you received accommodations.

IF RECORDS ARE NOT FROM YOUR UNDERGRADUATE SCHOOL OR YOU WERE NOT PREVIOUSLY DIAGNOSED WITH A LEARNING DISABILITY:
You must submit a comprehensive, individualized, Psycho-Educational Evaluation. Share this page with the person who conducts the evaluation.

What is it? A 4-6 hour battery of tests and information about you.
Who conducts it? A professional trained in evaluating Adolescent or Adult Learning Disabilities, such as a school Psychologist or Educational Diagnostician.

What tests are given? An IQ test such as the Wechsler Adult Intelligence Tests Standardized, individualized, achievement tests in Reading Comprehension, Reading Decoding, Written Expression for Content and Mechanics, Math Reasoning and Computation, Listening, and Speaking. Screening Devices such as the Wide Range Achievement Test are unacceptable.

Where can I go? Many private psychologists and learning clinics offer these services. The office of disabled students can also give you referrals.

What must be in the report in order to obtain accommodations?
1. Background information: developmental history, medical history, primary language dominance, past and current academic functioning, previous evaluations, and a history of services for disabilities. This information can be gathered from previous evaluations, self-reports, report cards, and transcripts.

dd: All standardized test scores and subtest scores, including percentiles.

ee: Interpretation of tests results.

ff: A specific diagnosis of Learning Disabilities based on a significant discrepancy (of more than 15 points) between the IQ score and one of the Achievement test scores. The diagnosis must rule out alternative explanations, such as language differences for students who speak English as a Second Language. A discussion of co-existing diagnoses and the way alternative explanations were ruled out.

gg: A clear and specific statement of how the Learning Disability substantially impairs work and learning, documented by the information in the evaluation.

hh: Suggested accommodations, with a specific rationale for each. Educational documentation must be cited for educational accommodations. Thus, a math disability will not provide a need for additional time to write an essay.
RECOMMENDED NONSTANDARD CLASSROOM AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

- specified seating (front, back, middle, end in a classroom)
- restroom breaks if necessary (classes are about 50 minutes in length)
- other (specify __________________________ )
- Braille version of exam of books
- enlarged print of exam (12 pt. Font is used)
- use of magnifying glass
- other special devices (specify __________________________ )
- reader
- special assistance in gridding scantron
- additional testing time
- sign language interpreter
- audio cassette version of exam
- separate testing area (section of classrooms, separate room if available)
- breaks (specify __________________________ )
- Food or drinks during exam
- medication during exam
- water during exam
- other: __________________________

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

______________________________  __________________________
Signature of Licensed Physician/Licensed Professional  Date
DIRECTIONS FOR DOCUMENTATION OF A VISUAL DISABILITY

MANDATORY: FROM YOUR HEALTH CARE PROVIDER, MEDICAL DOCTOR, OPHTOMOLOGIST OR OPTOMETRIST: (Show this form to the evaluator)

1. A “State of Texas Interagency EYE EXAMINATION REPORT” dated within the past 12 months.
2. A “Functional Vision” evaluation dated within the past 12 months. This evaluation should specifically address functional implications with and without correction.

TO THE HEALTH CARE PROVIDER:
According to legal standards, documentation must be very thorough in order to secure accommodations under federal guidelines for Americans with Disabilities. Even if a student is diagnosed with a disability, accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation compared to the average person in the general population. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested.

FROM YOUR UNDERGRADUATE SCHOOL:
MANDATORY: If your Visual Impairment occurred while you were in undergraduate school, call or write your Accommodations Department and request:
   ii: A “Learning Media Assessment” with recommended assistive technology.
   jj: A copy of accommodations you received while attending your undergraduate school.

FROM AN OUTSIDE SETTING, SUCH AS TEXAS COMMISSION FOR THE BLIND:
Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Commission for the Blind may have conducted these assessments.

FROM OUTSIDE TESTING AGENCIES:
An official notice of testing accommodations granted for the LSAT if you received accommodations.
RECOMMENDED NONSTANDARD CLASSROOM
AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

- specified seating (front, back, middle, end in a classroom)
- restroom breaks if necessary (classes are about 50 minutes in length)
- other (specify _________________________)
- Braille version of exam of books
- enlarged print of exam (12 pt. Font is used)
- use of magnifying glass
- other special devices (specify _________________________)
- reader
- special assistance in gridding scantron
- additional testing time
- sign language interpreter
- audio cassette version of exam
- separate testing area (section of classrooms, separate room if available)
- breaks (specify _________________________)
- Food or drinks during exam
- medication during exam
- water during exam
- other: _______________________________________________________________________

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

Signature of Licensed Physician/Licensed Professional                 Date
Mandatory: From your health care provider, medical doctor, optometrist or audiologist: (Show this form to the evaluator)

1. Please submit an audiological and otorhinolaryngological evaluation dated within the past 12 months.
2. Include aided thresholds; specifically addressing functional implications with and without amplification.

To the health care provider;
According to legal standards, documentation must be very thorough in order to secure accommodations under federal guidelines for Americans with Disabilities. Even if a student is diagnosed with a disability, accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation compared to the average person in the general population. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested.

From your undergraduate school:
Mandatory: If your hearing impairment occurred while you were in undergraduate school, call or write your accommodations department and request:

k: Special education comprehensive testing, including educational, intellectual and achievement test results for undergraduate school.

l: Speech and language assessments from undergraduate school.

m: A copy of your last Admission, Review, and Dismissal (ARD) meeting that describes classroom modifications implemented in your last educational setting.

From an outside agency:
Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Rehabilitation Commission, or another agency may have conducted these assessments.

From outside testing agencies:
An official notice of testing accommodations granted for the LSAT if you received accommodations.
RECOMMENDED NONSTANDARD CLASSROOM AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

- specified seating (front, back, middle, end in a classroom)
- restroom breaks if necessary (classes are about 50 minutes in length)
- other (specify ________________________________)
- Braille version of exam of books
- enlarged print of exam (12 pt. Font is used)
- use of magnifying glass
- other special devices (specify ________________________________)
- reader
- special assistance in griding scantron
- additional testing time
- sign language interpreter
- audio cassette version of exam
- separate testing area (section of classrooms, separate room if available)
- breaks (specify ________________________________)
- Food or drinks during exam
- medication during exam
- water during exam
- other: __________________________________________________________________________

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

Signature of Licensed Physician/Licensed Professional ____________________________ Date ____________________________
Mandatory: Evaluation From Your Health Care Provider

1. An updated medical report from the Health Care Provider documenting, in detail, the current disability or condition.
2. If applicable, the Physician should describe medication prescribed for this disability, and how this medication affects the student, including significant side effects.
3. According to legal standards, the written report for the documentation must be very thorough in order to secure accommodations under federal guidelines for accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation compared to the average person in the general population. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested. Thus, a diagnosis of a physical disease such as Epilepsy or a mental illness such as Bi-Polar disorder may not automatically warrant accommodation such as extra time on tests.
4. If the disability has been identified for the first time, and the student has not previously received accommodations, further testing may be required, including educational testing to document a need for educational accommodations.

From Your Undergraduate School:

Mandatory: If your Disability occurred while you were in undergraduate school, call or write your Accommodations Department and request:

1. A copy of accommodations you received while enrolled there.

From an Outside Agency:

Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Rehabilitation may have conducted these assessments.

From Outside Testing Agencies:

An official notice of testing accommodations granted for the LSAT if you received accommodations.
RECOMMENDED  NONSTANDARD  CLASSROOM  
AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

_____ specified seating (front, back, middle, end in a classroom)
_____ restroom breaks if necessary (classes are about 50 minutes in length)
_____ other (specify _____________________________)
_____ Braille version of exam of books
_____ enlarged print of exam (12 pt. Font is used)
_____ use of magnifying glass
_____ other special devices (specify _____________________________)
_____ reader
_____ special assistance in griding scantron
_____ additional testing time
_____ sign language interpreter
_____ audio cassette version of exam
_____ separate testing area (section of classrooms, separate room if available)
_____ breaks (specify _____________________________)
_____ Food or drinks during exam
_____ medication during exam
_____ water during exam
other: ____________________________________________________________

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

____________________  __________________________
Signature of Licensed Physician/Licensed Professional            Date
DIRECTIONS V

DIRECTIONS FOR DOCUMENTATION OF ATTENTION DEFICIT DISORDERS (ADD/ADHD)

FROM YOUR UNDERGRADUATE SCHOOL
If your Disability was diagnosed while you were in high school, call or write your district’s Special Education Department and request:
1. Special Education Comprehensive or Psycho-Educational Testing, including educational, intellectual and achievement test results for undergraduate school.
2. A copy of your last Admission, Review and Dismissal (ARD) meeting that describes classroom modifications implemented in your last educational setting.

FROM OUTSIDE TESTING AGENCIES:
An official notice of testing accommodations granted for the LSAT if you received accommodations.

IF RECORDS ARE NOT FROM AN UNDERGRADUATE SCHOOL OR YOU WERE NOT PREVIOUSLY DIAGNOSED WITH ADD/ADHD:
You must submit a comprehensive, individualized, Psycho-Educational Evaluation.
What is it? A 4-6 hour battery of tests and information about you
Who conducts it? A Professional trained in evaluating Adolescent or Adult ADD/ADHD and Learning Disabilities, such as a school Psychologist. Medical Psychiatrists are qualified to diagnose ADD/ADHD, but some do not conduct the educational component of the evaluation. Some clinics offer joint evaluations with two specialists, one for the medical component, and one for the educational component. The counseling office can also give you referrals. Show this page to the person(s) conducting the evaluation.
What tests are given?
1. An IQ test such as the Wechsler Adult Intelligence Test
2. Standardized, individualized, achievement tests in Reading Comprehension, Reading Decoding, Written Expression for Content and Mechanics, Math Reasoning and Computation, Listening, and Speaking, Screening Devices such as Wide Range Achievement Test are unacceptable.
3. Formal and/or informal tests to diagnose ADD/ADHD

nn: Background information: developmental history, medical history, primary language dominance, past and current academic functioning, previous evaluations, and a history of services for disabilities. This information can be gathered from previous evaluations, self-reports, report cards, and transcripts.
oo: All standardized test scores and subtest scores, including percentiles.
pp: Interpretation of test results.
qq: A specific diagnosis of ADD/ADHD, as described in the DSM IV Manual; a discussion of co-existing diagnoses and the way alternative explanations were ruled out.
r: A clear and specific statement of how the ADD/ADHD substantially impairs work and learning, documented by the information in the evaluation.
ss: Suggested accommodations, with a specific rationale for each. Properly substantiated, the University will not question a professional’s diagnosis of a student’s disability of ADD or ADHD. Nevertheless, the accommodations will not be provided without additional, specific documentation. For instance, the presence of distractibility will not automatically warrant accommodations such as extra time on examinations, without supporting data from the educational tests.
RECOMMENDED NONSTANDARD CLASSROOM AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

- specified seating (front, back, middle, end in a classroom)
- restroom breaks if necessary (classes are about 50 minutes in length)
- other (specify ________________________________)
- Braille version of exam of books
- enlarged print of exam (12 pt. Font is used)
- use of magnifying glass
- other special devices (specify ________________________________)
- reader
- special assistance in griding scantron
- additional testing time
- sign language interpreter
- audio cassette version of exam
- separate testing area (section of classrooms, separate room if available)
- breaks (specify ________________________________)
- Food or drinks during exam
- medication during exam
- water during exam
- other: ________________________________

I understand that this completed Form LD must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

Signature of Licensed Physician/Licensed Professional          Date