DIRECTIONS IV

DIRECTIONS FOR DOCUMENTATION
MEDICAL, PHYSICAL, OR MENTAL ILLNESS
NOT: LEARNING DISABILITIES, ATTENTION DEFICIT DISORDER,
OR
VISUAL OR HEARING IMPAIRMENT

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 of one or more major life activities. 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 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 IV 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

_____________________________________________
License or Certificate Number