

**WHITTIER LAW SCHOOL**  
**FORM B**  
**ACADEMIC ACCOMMODATIONS – PHYSICAL DISABILITIES VERIFICATION**  
(Please print or type; must be legible)

**NOTICE TO APPLICANT:** This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations during law school on the basis of a physical disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name: \_\_\_\_\_

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability that may be requested by Whittier Law School.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations while enrolled at Whittier Law School. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations during law school on the basis of a physical disability. Whittier Law School also requires the qualified professional to complete this form. **If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.** Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations during law school. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on specific law school activities. Whittier Law School generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many physical disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

Whittier Law School may forward this information to one or more qualified professionals for an independent review of the applicant's request. Print or type your responses to the items below. **Return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to Whittier Law School.**

**I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

Name of professional completing this form: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation and specialty:  
\_\_\_\_\_  
\_\_\_\_\_

License number/Certification/State: \_\_\_\_\_

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations.

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

**II. DIAGNOSIS AND RESULTING FUNCTIONAL LIMITATIONS**

1. What is the specific diagnosis (including diagnosis code) for which the applicant requests test accommodations?

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

2. Describe the nature of the physical disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.

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

3. When did you first meet with the applicant? \_\_\_\_\_

4. When was the applicant's physical disability first diagnosed? \_\_\_\_\_

5. Did you make the initial diagnosis?  Yes  No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

6. Provide the date of your last complete evaluation of the applicant: \_\_\_\_\_

7. Is this a permanent condition/impairment?  Yes  No

8. Does the severity of the condition/impairment fluctuate?  Yes  No

If yes, describe the settings and/or circumstances affecting severity that are relevant to the applicant's law school activities.

9. Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can perform law school activities.

10. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

**III. ACCOMMODATIONS RECOMMENDED (check all that apply)**

**Classroom and Exam Accommodations**

- Permission to audiotape class lectures
- Access to large print material (check one:  18 pt.       24 pt.       Other \_\_\_\_\_)
- Semi-Private Room for Exams
- Extra Time for Exams (please specify) \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Please provide rationale for requests indicated:

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**IV. CONFIDENTIALITY**

Confidentiality policies of Whittier Law School will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

**V. PROFESSIONAL'S SIGNATURE**

I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form. I certify that the information on this form is true and correct based upon the information in my records.

\_\_\_\_\_  
*(Signature of Licensed Professional)*

\_\_\_\_\_  
*(Date)*

Whittier Law School reserves the right to make final judgment concerning law school accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.