

**WHITTIER LAW SCHOOL  
FORM E**

**ACADEMIC ACCOMMODATIONS – PSYCHOLOGICAL DISABILITY 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 academic accommodations during law school for you on the basis of a psychological 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 or accommodations previously granted 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 psychological 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 for the applicant during law school.

**I. QUALIFICATIONS OF THE PROFESSIONAL \***

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

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. E-Mail: \_\_\_\_\_

5. Occupation and specialty:

\_\_\_\_\_

\_\_\_\_\_

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

*\*The following professionals are deemed appropriate and qualified to provide a diagnosis of mental disabilities: psychiatrist, psychologist or other licensed mental health professional.*

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

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**II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. Date of last evaluation/assessment of the applicant: \_\_\_\_\_

2. What is the applicant's DSM-IV-TR (or most current version) diagnosis? Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

3. Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology.

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4. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to perform law school activities under standard conditions. Note: psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

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5. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of law school.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant’s psychological disability must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report completed (or updated) within the past 6 months. The report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination
- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or “rule out” diagnoses prognosis

If additional time is being requested for exams, the evaluation should include timed and untimed testing in reading and writing, as well as evidence of slowed processing speed or other cognitive deficits. It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

Achievement (must include timed as well as untimed measures from the following instruments)

- Woodcock-Johnson III (WJ III): Tests of Achievement, or
- Wechsler Individual Achievement Test (WIAT-III), or
- Scholastic Abilities Test for Adults (SATA)

In addition, a timed reading comprehension measure, which has been normed on adults and which allows for both extended and regular administration, is required. The Nelson-Denny Reading Test (NDRT) is the most commonly used measure for this purpose. Extended-time testing should be completed when all items are not completed under the standard-time administration, with notation of the actual additional time used to complete the test (not the time allowed). The number of items attempted and completed during the regular and extended periods is also required. If a test other than the NDRT is used, a detailed description of the test and the norming sample should also be included. Note that the WJ-III and the WIAT-III do not measure sustained timed reading comprehension.

Please note: The Wide Range Achievement Test (WRAT) and the Peabody Individual Achievement Test (PIAT) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

Information Processing (a processing deficit must be demonstrated using multiple measures, not just one; there should be a clear relationship between the processing deficit and one or more areas of underachievement)

- Wechsler Memory Scale IV, or
- Delis-Kaplan Executive Function System (DKEFS), or
- Swanson Cognitive Process Test (S-CPT), or
- Test of Adolescent/Adult Wordfinding (TAWF), or
- Information from subtest, index, and/or cluster scores on the WAIS IV (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A), as well as other neuropsychological instruments.

**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. PRIOR HISTORY AND PAST ACCOMMODATIONS**

Please describe any previously documented history of psychological disabilities and list accommodations that have been granted to the applicant in the past:

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**V. 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.

**VI. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE**

I attach hereto copies of all test results, evaluations, educational or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This is required.**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

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*(Signature of Licensed Professional)* *(Date)*

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