

# Accommodations for Students with Disabilities

## Policy & Purpose

Appalachian School of Law is committed to offering all students with disabilities the same opportunities others have in order to succeed in law school and, ultimately, in the legal profession. Every reasonable effort shall be made to accommodate the needs of students with disabilities. ASL will not discriminate against an otherwise qualified student with a disability in the admissions process, or any academic activity or program.

ASL is governed by Title III of the Americans with Disabilities Act (“ADA”), Section 504 of the Rehabilitation Act of 1973 (“Sec. 504”), and the ADA Amendments Act of 2008 (“ADAAA”), (together, “federal law”). These policies and procedures are designed to ensure compliance with all applicable laws and regulations. ASL’s policies and procedures for students with disabilities have been guided by the recommendations and best practices of the Association on Higher Education and Disability (“AHEAD”), as well as the policies and procedures adopted by various boards of bar examiners in our region. In assessing a request for accommodations, ASL will engage in an interactive and individualized process with the student.

***Students with disabilities are advised to seek information regarding policies for accommodations on the Bar examination in their intended state(s) and the MPRE early in their law school careers. The fact of an accommodation received in law school is not dispositive of a similar request for a Bar exam or the MPRE.***

## 1. Overview of Accommodations

### Definitions:

A “disability” is a physical or mental impairment/disorder/condition/syndrome that substantially limits one or more of the major life activities of the person. Whether an individual is “substantially limited” is based upon comparison to the average person in the general population (not the average law student).

“Major life activities” include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, speaking, learning, reading, and thinking. *Note that “test-taking” is not a major life activity.*

A “qualified professional” is a licensed professional who has appropriate training and experience in the field related to the applicant’s disability. This may include physicians, psychiatrists, psychologists, licensed clinical social workers, psychiatric nurse practitioners, education diagnosticians, or neurophysiologists. The qualified professional providing supporting documentation for a student’s request for accommodations must demonstrate his or her credentials in the field.

A “reasonable accommodation” is a reasonable modification or adjustment to a course/program/testing or the provision of auxiliary aids/services that allows a qualified student with a disability an equal opportunity to participate in ASL programs and activities. An accommodation that imposes an undue financial or administrative burden on ASL is not a reasonable accommodation. An accommodation that fundamentally alters the nature of the academic program is not a reasonable accommodation. A waiver of the attendance policy requirements will generally alter the nature of the academic program in a fundamental way, and will not be granted as a reasonable accommodation.

*A diagnosis of an impairment, though required, does not automatically mean that the individual has a “disability” or that the individual qualifies for a reasonable accommodation. The student has the responsibility for providing sufficient documentation to show that he or she is covered under the applicable law, that his/her condition substantially limits one or more major life activities, and that the accommodations requested are supported by sufficient rationales.*

**Process:**

ASL’s process for requesting accommodations and evaluating those requests is designed to be interactive and individualized. The appropriateness of accommodations is based on the current impact of the disability on the student’s ability to function in the academic program. Therefore, individuals with the same diagnosis may require vastly different accommodations, depending upon how their condition impacts them personally.

The process begins with the student seeking an accommodation completing an Initial Request for Accommodations form (Form A). Forms are available as part of Appendix E of the Catalog and Student Handbook ([www.asl.edu](http://www.asl.edu)) and from the Office of the Registrar. The student must obtain the appropriate supporting documentation, from a qualified professional; the student should choose the applicable form(s) (Forms B—F), depending upon the student’s disability(ies). The student is responsible for submitting the completed Request, including all supporting documentation, to the Registrar.

The Registrar will schedule a meeting between the student and at least two members of the Accommodations Committee.<sup>1</sup> (This meeting may be held in-person or virtually.) The student is encouraged to explain their specific requested accommodations and the reasons therefor. Then, the Request and supporting documentation will be reviewed by the Accommodations Committee in accordance with this Accommodations Policy and federal law. The Committee’s decision will be reduced to writing and the student will be advised to contact the Registrar to pick up the written decision. At that time, the student may ask for clarification of anything in the written decision.

**Privacy:**

All information relating to a Request for Accommodation, including the fact of a Request, is confidential. This information will be shared on a “need to know” basis only.

**Timing:**

Requests for accommodations should be submitted as early as possible in the student’s law school career. Students are advised, however, that once the completed Request is received, it may take up to thirty (30) days for the review process to be completed and a decision to be issued. If an Appeal of the decision is taken, the process may take another 21 days. Accordingly, students are encouraged to apply for necessary accommodations as soon as possible. Requests submitted less than thirty (30) days prior to an event requiring an accommodation may not be able to be completed in the allotted amount of time. It is the

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<sup>1</sup> The Accommodations Committee is subsumed within the Student-Faculty Relations Ad Hoc Committee.  
last revised: Aug. 2022

student's responsibility to submit the Request, along with all required supporting documentation, in time to have the Request resolved before the event requiring an accommodation.

### **Appeals & Grievances:**

After being informed of the Accommodations Committee's decision, a student who is dissatisfied with the result or accommodation offered may appeal the decision to the Chief Academic Officer. The student shall notify the Chief Academic Officer of the desire to appeal the decision within seven (7) days of the student's notification of the decision. The student then has an additional seven (7) days to supplement the Request with additional information or supporting documentation. Such additions shall be submitted to the Chief Academic Officer, who shall consider the Initial Request, along with any such additions (the "Appeal"). The Chief Academic Officer shall issue a decision, in writing, within seven (7) days of the receipt of the Appeal materials, or 14 days from the notice of appeal, whichever is longer. The Chief Academic Officer's decision shall be final. The Chief Academic Officer serves as Section 504 Coordinator for ASL.

If a student who has been granted an accommodation believes that the accommodation granted is not being fully honored, the student may file a Grievance under the Student Grievance Policy. The Grievance Policy is outlined in the Catalog and Student Handbook, available online at [www.asl.edu](http://www.asl.edu).

### **Revisions**

The Accommodations process is an on-going process. If at any time outside of the Appeals period a student believes that he or she needs a revision to a previously-granted accommodation, the student should contact the Registrar's Office to arrange a meeting with the Accommodations Committee to discuss his or her request. The Committee may request additional documentation from the student to support that request.

### **Temporary Medical Accommodations:**

From time to time, a student may experience a short-term condition that, while it doesn't rise to the level of a "disability," may still require certain accommodations for the student. Examples of such temporary conditions include broken bones, short-term illnesses, recovery from surgery, or other medical conditions. In those cases, the student should submit an Initial Request Form (Form A) to the Office of the Registrar as soon as the need for a temporary accommodation arises. Supporting documentation should be submitted using Form B.

#### **1. Filing the Initial Request**

- A. Initial Request Forms are available as part of the Catalog and Student Handbook (Appendix E, Accommodations Policy), and from the Registrar.
- B. All students seeking an accommodation (whether as a result of a documented disability or a temporary medical condition) shall complete the Initial Request Form (Form A) and submit it to the Registrar.
- C. The supporting documentation required varies by the type of disability/temporary medical condition. Students affected by more than one category should use all relevant forms.
  - a. Temporary medical condition—use Accommodations Request Form B. Form B may be accompanied by a letter or note from a qualified professional who is treating the student's temporary medical condition.
  - b. Physical disabilities (including visual and hearing impairments)—use Accommodations Request Form C. Form C may be accompanied by a letter or report from a qualified professional. In recognition of the fact that many physical disabilities are long-standing, such documentation need not be "recent," but should reflect the student's current condition.

## Appendix E

- c. Learning disabilities—use Accommodations Request Form D. Form D must be accompanied by a letter or report prepared by a qualified professional; the evaluation must have been completed when the student was an adult, using adult scales and instruments. Documentation of any prior accommodations granted for a learning disability (e.g., IEP, 504 Plan, accommodations for LSAT), if any, must accompany Form D.
  - d. Attention Deficit/Hyperactivity Disorder (ADD/ADHD)—use Accommodations Request Form E. Form E may be accompanied by a letter or report prepared by an appropriate professional.
  - e. Mental health impairments—use Accommodations Request Form F. Form F may be accompanied by a letter or report prepared by an appropriate professional.
- D. Except for long-standing physical disabilities as described in 1.C.b. above, documentation from a qualified professional must be completed no more than ninety (90) days prior to the student’s Initial Request.
- E. When the Forms and supporting documentation are submitted, the Registrar’s Office will schedule the meeting between the student and at least two members of the Accommodations Committee. The student is encouraged to be prepared to discuss their specific requested accommodations and the reasons therefor.
- F. The Initial Request is not complete until Form A, the relevant form for the student’s disability (Form B through Form F), and all supporting documentation has been submitted and the student has met with the Accommodations Committee.

### 2. Renewals of Accommodations

After a student’s Initial Request for Accommodation has been granted, the student may renew the Request at the beginning of each subsequent academic year. Form G (“Renewal”) should be utilized. Students submitting a Renewal Request will also be required to meet with the Accommodations Committee before a Renewal may be granted. Failure of a student to submit a completed Renewal Request will result in the discontinuance of prior accommodations.

INITIAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM A (to be completed by student)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

This Form A must be completed by the student and returned to the Registrar. The Initial Request will not be considered complete until relevant supporting documents (Forms B—F) have been submitted. It is the student's responsibility to complete the Initial Request completely and truthfully, and in a timely manner.

**Student Information:**

1. \_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth
  
2. \_\_\_\_\_  
Local Address (Street address/city/state/zip)
  
3. Telephone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_
  
4. Academic Year for which you are requesting accommodation: \_\_\_\_\_
  
5. Please provide a general statement of your specific impairment(s). If known, please include the medical diagnosis for your impairment(s). (Example: ADHD, blind, hearing impaired, etc.)

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6. Please describe the functional limitations related to your disability that directly affect your ability to complete the law school program without accommodation(s). This should include, at a minimum, a description of how your disability affects your classroom work and/or your test-taking ability.

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7. When did you first acquire the disability? (approximate date or age)

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8. When was your disability first diagnosed by a qualified professional? (approximate date or age) \_\_\_\_\_

a. By whom? Please include name, specialty/title, address, and telephone number.

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9. Is a treatment currently prescribed for your impairment? If so, please describe.

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10. Have you previously been granted any accommodations at any secondary (high school) or post-secondary institution (undergraduate studies or graduate studies)? \_\_\_\_\_

a. If so, please describe the type of accommodations and the disability for which the accommodations were granted. Please also attach documentation of that accommodations. (Example: letter from school, notice of award of accommodation, IEP, etc.)

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11. Did you request an accommodation for any admissions test to an undergraduate or graduate program? If so, please complete the following.

TEST	Accommodations Requested?	Accommodations Granted?	If so, describe the accommodation.
PSAT			
SAT			
ACT			
GRE			
LSAT			
Other _____			

12. Have you ever had a request for accommodations denied? \_\_\_\_\_  
 a. If yes, please explain.

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13. Please explain the testing or classroom accommodation(s) that you believe are necessary. If you are seeking additional time on testing, please specify the amount of additional time requested and the justification for that amount of time.

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***IMPORTANT NOTE: THIS REQUEST IS NOT COMPLETE UNTIL THE APPROPRIATE SUPPORTING DOCUMENTATION HAS BEEN SUBMITTED. ONE OR MORE OF FORMS B—F MUST BE SUBMITTED.***

By signing this Form, I acknowledge that I have read and I understand the Accommodations Policy, that I must notify the Registrar of any changes in my disability or need for accommodation, and that all representations I have made regarding my disability and my need for accommodation are true and accurate.

\_\_\_\_\_  
 Student's signature

\_\_\_\_\_  
 Date

INITIAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM B (Temporary Medical Condition)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

Student Information:

\_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The student named above has self-identified as a student with a temporary medical condition that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this temporary medical condition. You may choose to answer the questions on this Form or to attach a separate letter or report.

1. Please identify the student’s temporary medical condition as well as the accommodation(s) recommended and the expected duration of this temporary medical condition.

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

2. Name, address, telephone number, degree(s), title/occupation/specialty, licensing entity, and licensing number of professional completing this Form.



Appendix E

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3. Date you last saw/treated this student. \_\_\_\_\_

4. Expected duration of medical condition. \_\_\_\_\_

\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date

INITIAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM C (Physical Disabilities, Including Visual and Hearing  
Impairments)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

Student Information:

\_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The student named above has self-identified as a student with a physical disability that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this disability. You may choose to answer the questions on this Form or to attach a separate letter or report.

In order to determine eligibility and to provide services, Appalachian School of Law requires documentation of the student's disability. Under Title III of the Americans with Disabilities Act ("ADA"), Section 504 of the Rehabilitation Act of 1973 ("Sec. 504"), and the ADA Amendments Act of 2008 ("ADAAA"), qualified individuals with disability are protected from discrimination and may be entitled to reasonable accommodations necessary to ensure equal access to ASL's programs and activities.

**To establish that an individual has a physical disability under the law, documentation must indicate that a current physical impairment exists, and that the identified impairment substantially limits one or more major life activities. Whether an individual is "substantially limited" is based upon comparison to an average person in the general population (not the average law student). The negative effects of corrective and mitigating measures (i.e., side effects of medication, burdens associated with a treatment regimen, etc.) may be considered**

**in determining whether an individual is substantially limited in a major life activity. A diagnosis of a disorder does not automatically qualify an individual for accommodations. The documentation must also address the current functional limitations on the student and support the need for the recommended accommodations.**

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

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

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

Email: \_\_\_\_\_

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

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

1. Is the student's impairment within your field of expertise? \_\_\_\_\_

2. Describe your qualifications and experience to diagnose, treat, and/or verify the student's impairment and to recommend accommodations.

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

3. State the specific diagnosis (diagnoses) of the disability (disabilities) affecting the student. Include ICD-10 diagnostic codes, as appropriate.

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

4. Did you make the initial diagnosis? \_\_\_\_\_

a. If so, please provide the date of the initial diagnosis.

b. If not, please provide the name of the qualified professional who made the initial diagnosis and when it was made. Please attach copies of any reports, letters, test results, or other records related to the diagnosis that you reviewed.

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

5. Please describe the specific diagnostic criteria and/or diagnostic tests used, including dates of evaluation, test results, and a detailed interpretation of test results. Please attach copies of any such documentation.

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6. When did you first meet with, evaluate, or treat this student?

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7. When was your last complete evaluation of the student's impairment/disability?

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8. Briefly describe your treatment of this impairment/disability and describe the effect of the treatment on the impairment/disability.

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9. In its current state, is the student's impairment/disability temporary or permanent? \_\_\_\_\_  
a. If temporary, expected duration: \_\_\_\_\_

10. Describe the student's current level of functioning and all major life activities that are currently substantially limited by the student's diagnosed impairment/disability. If the student is not currently substantially limited in any major life activity, so state.

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11. Describe the accommodations you are recommending for this student. Please be as specific as possible and describe why each recommended accommodation is necessary due to the specific current functional limitations of the student. Where appropriate, link the specific impairment/disability to the accommodation. If you are recommending that the student be granted additional time on tests, please list the extension recommended (e.g., 25%, 50%). Please state whether your recommendation for additional time is limited to significant tests (10% or more of a student's grade for the course; tests with a standard exam time of one hour or more) or extends to all testing (including in-class quizzes that individually may account for less than 10% of the student's grade in a particular course; tests generally allotted less than one hour for completion).

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12. Please provide any additional information that you believe will be helpful to ASL in considering the accommodations that you are recommending.

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\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date

## INITIAL REQUEST

FOR DISABILITY ACCOMMODATION  
FORM D (Learning Disabilities)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

Student Information:

\_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The student named above has self-identified as a student with a learning disability that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this disability.

In order to determine eligibility and to provide services, Appalachian School of Law requires documentation of the student’s disability. Under Title III of the Americans with Disabilities Act (“ADA”), Section 504 of the Rehabilitation Act of 1973 (“Sec. 504”), and the ADA Amendments Act of 2008 (“ADAAA”), qualified individuals with a disability are protected from discrimination and may be entitled to reasonable accommodations necessary to ensure equal access to ASL’s programs and activities.

**To establish that an individual has a disability under the law, documentation must indicate that a current impairment exists, and that the identified impairment substantially limits one or more major life activities. Whether an individual is “substantially limited” is based upon comparison to an average person in the general population (not the average law student). The negative effects of corrective and mitigating measures (i.e., side effects of medication, burdens associated with a treatment regimen, etc.) may be considered in determining whether an individual is substantially limited in a major life activity. A diagnosis of a disorder does not automatically qualify an individual for accommodations. The documentation must also address the current functional limitations on the student and**

**support the need for the recommended accommodations.**

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

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

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

Email: \_\_\_\_\_

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

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

1. Is the student's impairment within your field of expertise? \_\_\_\_\_
2. Describe your qualifications and experience to diagnose, treat, and/or verify the student's impairment and to recommend accommodations.

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

3. Does the student have a Specific Learning Disorder according to DSM-V criteria? \_\_\_\_\_
  - a. If so, please provide the specifier(s) (e.g., reading, written expression, mathematics).  
\_\_\_\_\_
  - b. If not, please describe the student's diagnosis as specifically as possible.

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

4. Did you make the initial diagnosis? \_\_\_\_\_
  - a. If so, please provide the date of the initial diagnosis. \_\_\_\_\_
  - b. If not, please provide the name of the qualified professional who made the initial diagnosis and when it was made. Please attach copies of any reports, letters, test results, or other records related to the diagnosis that you reviewed.

\_\_\_\_\_

5. Please attach an evaluation report that describe the specific diagnostic criteria and diagnostic tests used, including dates of evaluation, test results, and a detailed interpretation of test results. Age appropriate assessment instruments should be used, and scores should be reported as age-based standard scores and percentiles. (If you are relying on past testing, please so indicate.) Your professional judgment should be exercised as to which diagnostic tests are utilized, but generally tests assessing the following three categories are required:

- a. Aptitude/Cognitive Ability (e.g., WAIS III, WJ III: Tests of Cognitive Abilities, Stanford-Binet, Kaufman Adolescent and Adult Intelligence Test)
- b. Achievement (e.g., WJ III: Tests of Achievement, WIAT, SARA, Nelson-Denny Reading Test—timed and untimed, Test of Word Reading Efficiency, WRAT-3, PIAT or PIAT-R)
- c. Information Processing (e.g., Wechsler Memory Scale-III, S-CPT, TAWF, Information from subtest, index and/or cluster scores on the WAIS-III—working memory, perceptual organization, processing speed, and/or the WJ III: Tests of Cognitive Ability—visual processing, short term memory, long term memory, processing speed, and/or the DTLA-A, or other neuropsychological instruments that measure rapid automatized naming and/or phonological processing, Comprehensive Test of Phonological Processes).

6. Do you believe the student’s motivation level, interview behavior, and/or test-taking behavior was adequate to yield reliable diagnostic information/test results? \_\_\_\_\_

7. Please describe any informal measures, background history, and clinical observations that aided you in determining that this individual has a learning disability.

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8. Describe the student’s current level of functioning and all major life activities that are currently substantially limited by the student’s diagnosed impairment/disability. If the student is not currently substantially limited in any major life activity, so state.

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9. Is the student significantly restricted as to the condition, manner or duration under which the student can perform the affected major life activity as compared to the general population? \_\_\_\_\_

a. Please explain why or why not.

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10. Is there any objective evidence that the recommended testing accommodations have facilitated the student’s academic performance in the past? \_\_\_\_\_



a. If yes, please explain.

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11. Describe the accommodations you are recommending for this student. Please be as specific as possible and describe why each recommended accommodation is necessary due to the specific current functional limitations of the student. Where appropriate, link the specific impairment/disability to the accommodation. If you are recommending that the student be granted additional time on tests, please list the extension recommended (e.g., 25%, 50%). Please state whether your recommendation for additional time is limited to significant tests (10% or more of a student's grade for the course; tests with a standard exam time of one hour or more) or extends to all testing (including in-class quizzes that individually may account for less than 10% of the student's grade in a particular course; tests generally allotted less than one hour for completion).

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12. Is there any medical or scientific study you can cite which provided data enabling you to determine on an objective basis the exact amount of additional testing time which will place the student in a testing position to that of a student who does not have this disability?

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13. Please provide any additional information that you believe will be helpful to ASL in considering the accommodations that you are recommending.

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\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date

INITIAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM E (Attention Deficit/Hyperactivity Disorder)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

Student Information:

\_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The student named above has self-identified as a student with Attention Deficit/Hyperactivity Disorder (“ADHD”) that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this disorder.

In order to determine eligibility and to provide services, Appalachian School of Law requires documentation of the student’s disability. Under Title III of the Americans with Disabilities Act (“ADA”), Section 504 of the Rehabilitation Act of 1973 (“Sec. 504”), and the ADA Amendments Act of 2008 (“ADAAA”), qualified individuals with a disability are protected from discrimination and may be entitled to reasonable accommodations necessary to ensure equal access to ASL’s programs and activities.

**To establish that an individual has a disability under the law, documentation must indicate that a current impairment exists, and that the identified impairment substantially limits one or more major life activities. Whether an individual is “substantially limited” is based upon comparison to an average person in the general population (not the average law student). The negative effects of corrective and mitigating measures (i.e., side effects of medication, burdens associated with a treatment regimen, etc.) may be considered in determining whether an individual is substantially limited in a major life activity. A diagnosis of a disorder does not automatically qualify an individual for accommodations. The**

**documentation must also address the current functional limitations on the student and support the need for the recommended accommodations.**

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

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

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

Email: \_\_\_\_\_

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

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

14. Is the student's impairment within your field of expertise? \_\_\_\_\_

15. Describe your qualifications and experience to diagnose, treat, and/or verify the student's impairment and to recommend accommodations.

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16. What is the student's diagnosis? Please include DSM-V or ICD-10 codes. If the diagnosis is ADHD, please provide the form of presentation and the current severity.

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17. Please describe the symptoms that meet the criteria for the diagnosis.

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18. Did you make the initial diagnosis? \_\_\_\_\_

- c. If so, please provide the date of the initial diagnosis.
- d. If not, please provide the name of the qualified professional who made the initial diagnosis and when it was made. Please attach copies of any reports, letters, test results, or other records related to the diagnosis that you reviewed.

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19. Please describe the assessment procedures and evaluation instruments that you used to make the diagnosis. ADHD questionnaires/checklists, self-reported ADHD symptoms, and personality/psychopathology/cognitive testing are all helpful tools in the diagnosis of ADHD and in ruling out other psychological disorders, but none of those tools are generally sufficient on their own.

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20. Please describe the functional limitations of the impairment and all major life activities that are currently substantially limited by the student's impairment. If the student is not currently substantially limited in any major life activity, so state.

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21. Describe the accommodations you are recommending for this student. Please be as specific as possible and describe why each recommended accommodation is necessary due to the specific current functional limitations of the student. If you are aware of prior accommodations granted to the student in the academic setting, please list those. If you are recommending that the student be granted additional time on tests, please list the extension recommended (e.g., 25%, 50%). Please state whether your recommendation for additional time is limited to significant tests (10% or more of a student's grade for a course; tests with a standard exam time of one hour or more) or extends to all testing (including in-class quizzes that individually may account for less than 10% of the student's grade in a particular course; tests generally allotted less than one hour for completion).

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Appendix E

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22. Please provide any additional information that you believe will be helpful to ASL in considering the accommodations that you are recommending.

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\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date

INITIAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM F (Mental Health Impairments)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

Student Information:

\_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The student named above has self-identified as a student with a mental health disorder/impairment that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this disorder/impairment. You may choose to answer the questions on this Form or to attach a separate letter or report that addresses these items.

In order to determine eligibility and to provide services, Appalachian School of Law requires documentation of the student's disability. Under Title III of the Americans with Disabilities Act ("ADA"), Section 504 of the Rehabilitation Act of 1973 ("Sec. 504"), and the ADA Amendments Act of 2008 ("ADAAA"), qualified individuals with a disability are protected from discrimination and may be entitled to reasonable accommodations necessary to ensure equal access to ASL's programs and activities.

**To establish that an individual has a disability under the law, documentation must indicate that a current impairment exists, and that the identified impairment substantially limits one or more major life activities. Whether an individual is "substantially limited" is based upon comparison to an average person in the general population (not the average law student). The negative effects of corrective and mitigating measures (i.e., side effects of medication, burdens associated with a treatment regimen, etc.) may be considered in determining whether an individual is substantially limited in a major life activity. A diagnosis of a**

**disorder or impairment does not automatically qualify an individual for accommodations. The documentation must also address the current functional limitations on the student and support the need for the recommended accommodations.**

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

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

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

Email: \_\_\_\_\_

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

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

1. Is the student's impairment within your field of expertise? \_\_\_\_\_

2. Describe your qualifications and experience to diagnose, treat, and/or verify the student's impairment and to recommend accommodations.

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

3. What is the student's diagnosis? Please include DSM-V or ICD-10 codes. Please describe the specific symptoms the student experiences.

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

a. Please describe the impact on academic functioning of the student's symptoms (e.g., impact on study skills, classroom behavior, test-taking, organizing research).

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

4. Please address the student's psychological/psychiatric history; relevant developmental, educational, and familial history; relevant medical history; results of full mental status examination; results of any tests or diagnostic instruments used to support the clinical interview; diagnostic formulation, including discussion of differential or "rule out" diagnoses; and prognosis.

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

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5. Is the student being treated for this disorder/impairment? \_\_\_\_\_  
a. If yes, briefly describe the treatment.

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6. Please describe the functional limitations of the student's impairment and all major life activities that are currently substantially limited by the student's impairment. If the student is not currently substantially limited in any major life activity, so state.

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7. What remediation techniques have been attempted to alleviate the student's impairment in academic settings? Have they been successful?

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8. Describe the accommodations you are recommending for this student. Please be as specific as possible and describe why each recommended accommodation is necessary due to the specific current functional limitations of the student. If you are aware of prior accommodations granted to the student in the academic setting, please list those. If you are recommending that the student be granted additional time on tests, please list the extension recommended (e.g., 25%, 50%). Please state whether your recommendation for additional time is limited to significant tests (10% or more of a student's grade for a course; tests with a standard exam time of one hour or more) or extends to all testing (including in-class quizzes that individually may account for less than 10% of the student's grade in a particular course; tests generally allotted less than one hour for completion).



Appendix E

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9. Please provide any additional information that you believe will be helpful to ASL in considering the accommodations that you are recommending.

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\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date

RENEWAL REQUEST  
FOR DISABILITY ACCOMMODATION  
FORM G (Renewal of prior accommodations)



1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-935-4349  
Email: registrar@asl.edu

**Student Information:**

\_\_\_\_\_  
First Name      Middle Initial/Name      Last Name      Date of Birth

I initially requested accommodation in \_\_\_\_\_ academic year.

At that time, I indicated my disability was \_\_\_\_\_ (type of disability).

I was granted the following accommodation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The qualified professional(s) who submitted supporting documentation for my prior request(s) was:  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**To the qualified professional completing this form:**

1. Are you the professional who originally provided the documentation of this student's disability to ASL? \_\_\_\_\_
  - a. If not, who was that person? \_\_\_\_\_
  - b. Have you reviewed the documentation of that person? \_\_\_\_\_

c. Please specify all documentation that you have reviewed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. If not, please describe your credentials and experience in diagnosing and/or treating the student's disability. Include your licensing information and the name of the licensing agency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When did you last see this student in relation to his/her disability? \_\_\_\_\_

3. When was your last complete evaluation of this student? \_\_\_\_\_

4. In your professional opinion, has the student's diagnosis changed since the student's last request for accommodation? \_\_\_\_\_

a. If so, please state the new diagnosis. \_\_\_\_\_

5. In your professional opinion, has the student's ability to function changed in any significant way since the student's last request for accommodation? If so, please describe those changes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you recommending any changes to the student's accommodations at this time? If so, please describe those changes and the reasons therefor. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Date