

# INITIAL REQUEST FOR DISABILITY ACCOMMODATION



APPALACHIAN  
SCHOOL OF LAW

## FORM D (Learning Disabilities)

1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-244-1291

Email: [cfox@asl.edu](mailto:cfox@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

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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.
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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.
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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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Appendix E

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).

Appendix E

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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

## Appendix E