Evaluator Form

Please Print or Type

Note: This form must be completed by a qualified/licensed evaluator (not by disability support staff unless they conducted the evaluation) who diagnosed your disorder/condition and is familiar with its impact on a major life activity that affects your ability to perform on the LSAT® (or other similar, timed, standardized admission tests) under standard conditions.

This form must be submitted to LSAC with the required supporting documentation and Evaluation Reports.

Accompanying this form are Evaluation Reports for Cognitive Impairments, Vision Impairments, Physical Impairments, and Psychological Impairments. An Evaluator must complete the appropriate form for each disorder/condition for which accommodations are sought.

Candidate Name: ___________________________________________________________________________________

LSAC Account Number: ______________________________________________ Date of Birth: ______________

Qualified/Licensed Diagnostician/Evaluator (for verification purposes only):

Name: ____________________________________________________________________________________________

Title (if applicable): __________________________________________________________________________________

Address: __________________________________________________________________________________________

City, State, Zip/Postal Code: ___________________________________________________________________________

Telephone Number: ____________________________________ Fax Number: __________________________

State the candidate’s disorder/condition and provide the appropriate diagnostic code:
_____________________________________________________________________________________________

Date of Diagnosis: ___________________________________________________________________________________

Prognosis: _________________________________________________________________________________________

Did you personally evaluate the candidate? □ Yes □ No

Did you personally treat the candidate? □ Yes □ No

If so, when did you last evaluate/treat the candidate?
_____________________________________________________________________________________________

Did this candidate take his or her prescribed medication during the evaluation? □ Yes □ No. If relevant and appropriate, please comment.
_____________________________________________________________________________________________

If the candidate has no history of prior accommodations, please explain in detail why no accommodations were used in the past and why accommodations are now needed.
The LSAT is designed to measure skills that are considered essential for success in law school: the reading and comprehension of complex texts with accuracy and insight, the organization and management of information and the ability to draw reasonable inferences from it, the ability to think critically, and the analysis and evaluation of the reasoning and arguments of others.

The LSAT consists of:
- Five 35-minute multiple-choice sections, four of which are scored. These sections consist of reading passages and questions relating to the passages. Test takers may elect to draw diagrams or underline passages while answering questions in these sections.
- One 35-minute writing sample of no more than 2 pages, which is not scored.
- A 10–15 minute break between sections 3 and 4.
- Candidates use a number 2 or HB pencil and record answers by filling in small ovals on a Scantron answer sheet.

Based on the candidate’s disorder/condition and its functional impact on a major life activity that affects his or her ability to perform on the LSAT under standard conditions, what accommodation(s) would you recommend?

A. **Test Format** (Check one only. If you do not complete this section, the regular print test book will be used.)
   - [ ] Braille version of LSAT
   - [ ] Large-print (18 pt.) test book
   - [ ] Electronic format
   - [ ] Other

B. **Test Accommodations:** The following are the most commonly requested test accommodations. If the accommodations needed are not listed, mark “other” and explain the accommodation. Candidates with like accommodations may be tested in the same room.

   LSAC does not offer an untimed test. The amount of additional test and break time requested must be specified.

   1. [ ] Additional time on multiple-choice sections
      - _____ Extra minutes + standard 35 minutes = _____ total minutes

   2. [ ] Additional time on Writing Sample
      - _____ Extra minutes + standard 35 minutes = _____ total minutes
      - _____ Use of computer for the Writing Sample

   3. [ ] Alternate non-Scantron answer sheet

   4. [ ] Use of a reader (provided by LSAC)

   5. [ ] Use of an amanuensis (scribe provided by LSAC)

   6. [ ] Additional rest time (standard break is 10–15 minutes between third and fourth sections)
      - _____ Extra minutes for the standard break

   7. [ ] Breaks between sections ( _____ minutes between each section)

   8. [ ] Sit/stand with a podium

   9. [ ] Wheelchair accessibility (if table is requested, specify height) ______________

   10. [ ] Other ________________________________________________________

Please describe your academic credentials/qualifications that allow you to make this diagnosis and recommendation for accommodations:

____________________________________________________________________________________

I certify that I have reviewed the LSAC guidelines/forms appropriate to this candidate’s disorder/condition prior to completing the required documentation.

___________________________ _________________________________ ________________________
Signature Date

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

___________________________ _________________________________ ________________________
Signature License/Certification Number Date