



Qualified Professional Form

Please type or print clearly. You (the candidate) must complete page 1; pages 2 through 5 are to be completed in their entirety by your Qualified Professional. Upon completion, please upload this document and any additional documentation to your JD Services account.

Candidate Name: _____

LSAC Account Number: _____ Date of Birth: _____

You must present adequate evidence of a disability to support your request. The type and amount of documentation that you must submit will depend on whether you have prior documentation of a disability determination. Please share these instructions with anyone who is assisting you with providing supporting documentation.

Note: Documentation submitted in support of a request for testing accommodations should not be more than five (5) years old for candidates seeking accommodation for psychological, ADHD, or learning disabilities. Candidates seeking accommodation for other disabilities may submit evidence of disability from a Qualified Professional who examined them any time after they reached the age of 13.

Prior Documentation of Disability

- A. Do you have any of the following documentation from a Qualified Professional who previously examined you within the past five years (if you are seeking accommodation based on psychological, ADHD, or learning disabilities) or any time after you reached the age of 13 (if you are seeking accommodation based on any other disability):**

- Documentation of disability in previous Individualized Education Program (IEP)
- Documentation of disability in previous Section 504 Plan
- Documentation of disability in previous Summary of Performance
- Documentation of disability in previous Private School Formal Written Plan
- Documentation of disability in an outside, private evaluation from a Qualified Professional
- Documentation of disability from a Medical Doctor Evaluation or Letter from a Qualified Professional

Yes No

- B. Do you certify that you continue to have this disability?**

Yes No

If you answered "yes" to questions A and B above, upload copies of the relevant documentation with your online submission.

Current Evidence of Disability

If you do not have prior documentation of a disability as set out in Section A on this page, you will need to submit documentation from a Qualified Professional that you have a disability that restricts your ability to demonstrate your aptitude or achievement on all or part of the LSAT and/or LSAT Argumentative Writing. Such documentation, when appropriate, may include standardized test data from appropriate evaluation instruments; a comprehensive evaluation; a relevant history; **or** a supporting statement describing your disability(ies), impairment(s), area(s) of limitation, effects of impairment(s) on test taking, and testing accommodation needs (the statement is to be provided on page 5 of this form). The documentation may also show that you have a temporary disability, such as a broken bone in your dominant writing hand or a herniated disc, that restricts your ability to demonstrate your aptitude or achievement on all or part of the LSAT and/or LSAT Argumentative Writing.

Candidate's Signature

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

Signature of Candidate

Date

Qualified Professional: Please complete all information on pages 2 through 5.

Candidate Name: _____

LSAC Account Number: _____ Date of Birth: _____

Information about the Qualified Professional (for verification purposes only):

Name: _____

Title (if applicable): _____

License/Certification No. (if applicable): _____

Address: _____

City, State, Zip/Postal Code: _____

For the purpose of providing evidence of disability, a **Qualified Professional** is a person who is licensed or otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought.

Please provide a brief statement of your professional qualifications:

Evidence of Disability

Information about the candidate's disability diagnosis (if there are multiple diagnoses, please include all):

Disability diagnosis (please provide DSM and/or ICD diagnostic code(s): _____

Date of diagnosis: _____

Is disability permanent? Yes No If no, expected end date of disability: _____

Date you last examined the candidate: _____

Signature of Qualified Professional: _____ **Date:** _____

Prior to completing pages 3 through 5, please review the following information regarding the accommodation categories for the LSAT and LSAT Argumentative Writing:

Category 1 Requests — Non-extended-time requests that are not captured in Categories 2 or 3, including assistive technology.

Category 2 Requests — Up to 50% extended time for candidates who do not have severe visual impairments or up to 100% extended time for candidates with severe visual impairments and/or the following non-extended-time requests: human reader, amanuensis (scribe).

Category 3 Requests — "Exceptional Needs" —More than 50% extended time for candidates who do not have severe visual impairments or more than 100% extended test time for candidates with severe visual impairments and/or the following non-extended-time requests: paper-and-pencil format, stop/start breaks over 60 minutes total, testing over multiple days, and/or modality exception requests.

NOTE: If the amount of time requested by the candidate is greater than the amount of time received in any prior academic setting or is greater than the amount of time supported by the Qualified Professional, documentation may be deemed insufficient and could result in a partial or full denial of the candidate's request.

Please use page 3 to indicate the accommodation(s) recommended for the LSAT multiple-choice sections and page 4 to indicate the accommodation(s) recommended for LSAT Argumentative Writing. On page 5, you must provide a written statement substantiating the candidate's disability diagnosis and need for the candidate's requested accommodations.

Candidate Name: _____

Accommodation(s) Recommended by the Qualified Professional:

Test Accommodations: The following is a non-exhaustive list of commonly requested test accommodations that may be available for the LSAT multiple-choice sections and LSAT Argumentative Writing. If the recommended accommodation is not listed, mark "other" and explain the accommodation in detail. **You must specify the recommended accommodations on both the LSAT multiple-choice sections and LSAT Argumentative writing below.**

The LSAT is not an untimed test. The standard timing of each section is 35 minutes. **The amount of additional test and/or break time must be specified.**

ACCOMMODATIONS RECOMMENDED FOR THE LSAT MULTIPLE-CHOICE SECTIONS:

A. Additional test time

- 25% additional time (i.e., time-and-one-quarter; 44 minutes per section)
- 50% additional time (i.e., time-and-a-half; 53 minutes per section)
- 75% additional time (i.e., time-and-three-quarters; 62 minutes per section)
- 100% additional time (i.e., double time; 70 minutes per section)

NOTE: If you recommend a time amount not listed above, please indicate your recommendation in L. below.

B. Breaks (select all that may apply)

- Breaks after each test section, specified in minutes _____

NOTE: The standard intermission after Section 2 is 10 minutes.

- Stop/start breaks as needed during test sections (up to 60 minutes total per test session)

C. Use of a human reader (Visit [Policy on Readers for Visually Impaired Test Takers](#))

D. Use of an amanuensis/scribe

E. Braille (UEB)

F. Paper-and-pencil format accommodations

- Regular print (9.5 pt. font) format
- Large print (18 pt. font) format
- Alternate [non-Scantron answer sheet](#) (only applicable to a paper-and-pencil accommodation)
- Mark answers in test book (only applicable to a paper-and-pencil accommodation)

Please indicate the candidate's disability-related need for this format: _____

G. Candidate-supplied non water beverage

H. Scratch paper (unlimited)

I. Writing utensils

J. Diabetic supplies requiring prior approval

- Lancets and/or needles
- Cell phone (for use with Continuous Glucose Monitoring System)
- Other: _____

K. Assistive technology

- JAWS screen reader
- ZoomText Magnifier software
- Dragon Speech Recognition software

If you recommend assistive technology not listed above, please indicate your recommendation in L. below.

- L. Other — Please specify other recommended accommodations: _____

Signature of Qualified Professional: _____ **Date:** _____

Candidate Name: _____

ACCOMMODATIONS RECOMMENDED FOR LSAT ARGUMENTATIVE WRITING (the Writing Sample portion):

NOTE: Some LSAT Argumentative Writing accommodations (e.g., paper-and-pencil, braille, stop/start breaks, use of a human reader and/or amanuensis) require an appointment for online, live remote proctoring.

A. Additional test time

- 25% additional time (i.e., time-and-one-quarter; 19 minutes prewriting analysis, 44 minutes essay writing)
- 50% additional time (i.e., time-and-a-half; 23 minutes prewriting analysis, 53 minutes essay writing)
- 75% additional time (i.e., time-and-three-quarters; 27 minutes prewriting analysis, 62 minutes essay writing)
- 100% additional time (i.e., double time; 30 minutes prewriting analysis, 70 minutes essay writing)

If you recommend a time amount not listed above, please indicate your recommendation in L. below.

- B. Stop/start breaks (as needed, up to 60 minutes total per test session)
- C. Use of a human reader
- D. Use of an amanuensis/scribe (provided by candidate)
- E. Braille (UEB)
- F. Paper-and-pencil format test
 - Regular print (12 pt. font) format
 - Large print (18 pt. font) format

Please indicate the candidate's disability-related need for this format: _____

-
- G. Candidate-supplied non water beverage
 - H. Scratch paper (unlimited)
 - I. Writing utensils
 - J. Diabetic supplies requiring prior approval
 - Lancets and/or needles
 - Cell phone (for use with Continuous Glucose Monitoring System)
 - Other: _____
 - K. Assistive technology
 - JAWS screen reader
 - ZoomText Magnifier software
 - Dragon Speech Recognition software

If you recommend assistive technology not listed above, please indicate your recommendation in L. below.

- L. Other — Please specify other recommended accommodations: _____

Signature of Qualified Professional: _____ **Date:** _____

Candidate Name: _____

Qualified Professional's Written Statement (Required)

Indicate the candidate's Accommodation Request Category(ies) (check all that apply):

- [1] [2] [3]

In the boxed area below, please describe the candidate's current level of functioning, the impact of their disability diagnosis on test taking, and a rationale for why the requested accommodations are required to access the LSAT and/or LSAT Argumentative Writing. For Category 3 requests, please reference assessment/evaluation data (as available) and/or provide an objective rationale based on history and objective evidence. For additional information regarding documentation requirements, please visit <https://www.lsac.org/lsat/register-lsat/accommodations/documentation-requirements>. If needed, you may attach additional pages and/or any other supporting documentation.

Qualified Professional's Signature:

I certify that all the information on pages 2 through 5 of this form is true and correct to the best of my knowledge and belief (a physical and/or verified electronic signature is **REQUIRED**):

Signature of Qualified Professional

Date

License # (if applicable)

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