

## Evidence of Disability

**Please Type (If emailing documents, please send them in their original format. As a security measure, compressed (.zip, .rar, etc.) or self-extracting (.exe) files cannot be accepted.)**

You must present adequate evidence of a disability. The type and amount of documentation that you must submit will depend upon whether you have prior documentation of a disability determination. Please share these instructions with any Qualified Professional who is submitting an Evidence of Disability form on your behalf.

For the purposes 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.

**Note: Documentation submitted in support of a request for testing accommodations may not be more than five (5) years old for candidates seeking accommodation for mental or cognitive disabilities. Candidates seeking accommodation for any other disabilities may submit evidence of a disability from a qualified professional who examined them any time after reaching the age of 13.**

Candidate Name:

LSAC Account Number:

Date of Birth:

### I. 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 mental or cognitive 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 answer "yes" to questions I.A and I.B, attach copies of the relevant documentation.

### II. Current Evidence of Disability

If you do not have prior documentation of a disability as set out in Section I, you will need to submit documentation from a [Qualified Professional](#) that you have a disability which restricts your ability to demonstrate your aptitude or achievement on all or part of the LSAT. Such documentation, when appropriate, may include standardized test data from appropriate evaluation instruments; a comprehensive evaluation; a relevant history; or a personal statement describing the individual's disability, impairment, areas of limitation, effects on test taking and testing accommodation needs. The documentation may also show that you have a temporary disability, such as a broken bone in your dominant writing hand or herniated disk, which restricts your ability to demonstrate your aptitude or achievement on all or part of the LSAT.

If you need to submit current evidence of disability, please have a [Qualified Professional](#) who previously examined you fill out the attached form.

#### Candidate:

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

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Signature

Date

**Qualified Professional: Evidence of Disability**

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 purposes 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 how you meet this requirement.

**Information about the Candidate's Disability:**

Disability/Diagnostic Code, if available

Date of Diagnosis

Did you personally examine the candidate?      Yes      No

If so, when did you last examine the candidate?

You must provide evidence of the candidate's disability. Such documentation, when appropriate, may include standardized test data from appropriate evaluation instruments; a comprehensive evaluation; a relevant history; or a personal statement describing the individual's disability, impairment, areas of limitation, effects on test taking and testing accommodation needs. You may also provide documentation that the candidate has a temporary disability, such as a broken bone in the candidate's dominant writing hand or herniated disk, which restricts the candidate's ability to demonstrate his or her aptitude or achievement on all or part of the LSAT.

Please attach all relevant documentation.

**Qualified Professional: Accommodation(s) Recommended for the LSAT**

**Test Accommodation(s):** The following are the most commonly requested test accommodations. If the accommodation requested is not listed, mark “other” and specify the accommodation sought.

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

A. Additional time on multiple-choice sections

50% additional time on multiple-choice sections

100% additional time on multiple-choice sections

Other Please specify:

B. Additional time on Writing Sample (for March 2019 test) or LSAT Writing (for June and July 2019 tests)

50% additional time on Writing Sample/LSAT Writing

100% additional time on Writing

Sample/LSAT Writing

Other Please specify:

C. Use of computer and printer for the Writing Sample (provided by candidate) (for March 2019 test)

D. Candidates who are granted the use of a computer for the writing sample are responsible for producing a printed writing sample at the completion of the LSAT. Occasionally, the center has a computer available and/or printing capability. If not, the test taker is expected to bring a computer and/or printer. Alternate [non-Scantron answer sheet](#)

E. Use of a reader (provided by LSAC)

[Policy on readers for visually impaired test takers.](#)

F. Use of an amanuensis (scribe provided by LSAC)

G. Additional rest time (standard break is 10–15 minutes between third and fourth sections)

The number of minutes of additional rest time must be specified:

H. Breaks between sections

The number of additional minutes between each section must be specified:

I. Sit/stand with a podium

J. Wheelchair accessibility

If table is requested, specify height:

K. **Alternate Test Format (select from [formats available](#)).**

L. Other Please specify:

**Qualified Professional:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License # (if applicable)

