



# Qualified Professional Form

Please type or print clearly. You (the candidate) must complete page 1; pages 2 through 5 are to be completed by your Qualified Professional. Upon completion, please upload this document and any additional documentation to your online LSAC 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 the individual's 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). 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 (provide diagnostic code, if available) \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Did you personally examine the candidate?      Yes      No

If so, when did you last examine 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.

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

**Category 3 Requests** — "Exceptional Needs" — More than 50% extended test 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-time requests: paper-and-pencil format, stop/start breaks over 60 minutes, testing over multiple days, 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 on **multiple-choice sections**
  - 50% additional time (i.e., time-and-a-half, or 53 minutes per section)
  - 100% additional time (i.e., double time, or 70 minutes per section)
  - Other Please specify: \_\_\_\_\_
- B.  Breaks between test sections Specify the number of minutes \_\_\_\_\_
- C.  Stop/start breaks (as needed, up to 60 minutes total per test session)
- D.  Use of a human reader (candidates approved for a human reader are permitted to provide their own human reader for the remote proctored test). Visit [Policy on Readers for Visually Impaired Test Takers](#).
- E.  Use of an amanuensis (candidates approved for an amanuensis/scribe are permitted to provide their own amanuensis/scribe for the remote proctored test)
- F.  Braille (UEB)
- G.  Paper-and-pencil format test
  - 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)
- H.  Candidate-supplied non water beverage
- I.  Scratch paper (unlimited)
- J.  Writing utensils
- K.  Diabetic supplies requiring prior approval
  - Lancets and/or needles
  - Cell phone (for use with Continuous Glucose Monitoring System)
  - Other: \_\_\_\_\_
- L.  Other — Please specify other requested 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 on **LSAT Argumentative Writing**
    - 50% additional time (i.e., time-and-a-half, or 23 minutes prewriting and 53 minutes essay)
    - 100% additional time (i.e., double time, or 30 minutes prewriting and 70 minutes essay)
    - Other Please specify: \_\_\_\_\_
  - B.  Stop/start breaks (as needed, up to 60 minutes)
  - C.  Use of a human reader (candidates approved for a human reader are permitted to provide their own human reader for the remote proctored test). Visit [Policy on Readers for Visually Impaired Test Takers](#).
  - D.  Use of an amanuensis (candidates approved for an amanuensis/scribe are permitted to provide their own amanuensis/scribe for the remote proctored test)
  - E.  Braille (UEB)
  - F.  Paper-and-pencil format test
    - Regular print (12 pt. font) format
    - Large print (18 pt. font) 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.  Other — Please specify other requested accommodations: \_\_\_\_\_
- 

**Signature of Qualified Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Candidate Name: \_\_\_\_\_

## Qualified Professional's Written Statement

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 disability diagnosis including the severity of the disorder(s) and the impact of the disorder(s) on test taking. Please reference assessment and/or evaluation data, if available, in describing the candidate's disability diagnosis. Please also include an explanation for why the specific test accommodation(s) recommended are necessary for the candidate to access the LSAT and/or LSAT Argumentative Writing.

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)