

Evaluator Form

Please Print or Type

Note: This form should be completed by a qualified/licensed evaluator (not 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 should be returned by the CANDIDATE along with the necessary supporting documentation, which is reported separately from this form.

Accompanying this form are Evaluation Reports for Cognitive Impairments, Vision Impairments, Physical Impairments, and Psychological Impairments. An Evaluator must complete this form for each disorder/condition and the relevant Evaluation Report(s) must be provided to the test taker for submission to LSAC.

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 no, provide an explanation.

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.

Candidate Name:

LSAC Account #:

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
- 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