INSTRUCTIONS

To the Certifying Medical Professional: this cover sheet is to be attached to your diagnosis report. In order to support the student’s request for accommodations, the documentation explaining the diagnosis should be comprehensive. Whenever applicable, please follow the guidelines below:

- **History:** The evaluation should discuss relevant information regarding the applicant's developmental, familial, and psychosocial history. The evaluation should include a discussion of pre-existing or coexisting disorders, including behavioral, medical, neurological, and/or personality disorders, along with any history of medication use that may affect the individual's learning.

- **Psychometric Assessment:** the neuropsychological or psychoeducational evaluation should provide clear evidence that a specific LD does or does not exist. Objective evidence of a substantial limitation to learning should be provided. Assessment should consist of a comprehensive, individualized, standardized and norm-appropriate assessment battery. The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual needs of the applicant, sound clinical judgment' and prevailing professional practices. Minimally, testing should include,
  - assessment of aptitude/cognitive ability
  - measurement of academic achievement:
  - measurement of various domains of cognitive and information processing
  - other instruments to help rule in or out the diagnosis of an LD.

- **Test Scores from Standardized Instruments Should be Provided:** Standard scores are preferred, but at the very least percentiles should be provided for all normed measures. Grade and age equivalents should be accompanied by standard scores and/or percentiles. The data should logically reflect a substantial limitation to learning for which the candidate is requesting the accommodation. The particular profile of the candidate's strengths and weaknesses should be shown to relate to functional limitations.

- **Diagnosis:** A clear diagnostic statement and a discussion of functional limitations due to the learning disability are required. The evaluation should document both the nature and severity of the learning disability. The evaluator should describe the impact the learning disability has on major life activities including the significance of this impact on the individual's learning. If the data do not support the presence of a learning disability, the evaluator should state that conclusion in the report.

- **Rule out.** Report should rule out alternative explanations for problems in learning, such as emotional, attentional, medical, or motivational problems, in addition to medication effects that may be interfering with learning but do not constitute a learning disability.

- **Accommodations:** The documentation should include specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The evaluator should support recommendations with a rationale based upon specific test results and/or clinical observations.
Summary Cover Sheet for LD Documentation

**Student**

Name ___________________________ Phone ___________________________
D/O/B ___________________________ Phone ___________________________
Address ___________________________ Phone ___________________________
Date(s) of evaluation ___________________________

**Certifying professional**

Name ___________________________ Phone ___________________________
E-mail ___________________________
Address ___________________________ Phone ___________________________
Professional title ___________________________ Highest degree ___________________________
License/certification, number, and state ___________________________

**Diagnosis(es):**


**Conditions/causes ruled out:**


In your opinion, does any diagnosed condition above substantially limit a major life activity? Yes ___ No ___ Not sure ___

If yes, identify the condition above with an asterisk and specify the substantially limited activities here:


**Summary of recommended accommodation(s) in law school, if any** (should be supported in the full report with a description of specific functional limitations and rationale for each accommodation suggested):


Signature ___________________________ Date ___________________________