



Valparaiso University School of Law Accommodation Request Form

Name: _____ ID#: _____

Phone: _____ Year of Entry: _____

Disability: _____

Recommendations for Reasonable Accommodations form: Attached To be provided

Documentation of accommodations in another school, test situation, or employment settings:
 Attached To be provided

Accommodations Requested (be as specific as possible):

Signature: _____
Student

For administrative use only:

All requested accommodations will be provided.

The following accommodations have not been provided:

Signature: _____
Associate Dean for Academic Affairs

Date: _____

Please return completed form to Registrar



VALPARAISO UNIVERSITY SCHOOL OF LAW RECOMMENDATIONS FOR REASONABLE ACCOMMODATIONS

Name of Student: _____

Name of Professional: _____

Professional's Address: _____

Professional's Phone Number: _____

How long have you known the student? _____

Diagnosis: _____

Prognosis: _____

The applicant has discussed with me the nature of the law school program and the tests to be administered. I understand that the purpose of any accommodation is to level the playing field without creating an unfair advantage for the student with a disability so that he/she has an equal opportunity to participate in the program. It is my opinion that because of a disability, he/she should be accommodated by providing the following: (check all that apply)

ACADEMIC PROGRAM ACCOMMODATIONS:

- | | |
|--|---|
| <input type="checkbox"/> Note-takers | <input type="checkbox"/> Audio tape recording of lectures and classes |
| <input type="checkbox"/> Typists or transcribers for papers | <input type="checkbox"/> Reduced course loads |
| <input type="checkbox"/> Tape recording of books and other materials | <input type="checkbox"/> Facilities accommodations (please specify) |
| <input type="checkbox"/> Sign-language interpreters | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Readers | _____ |

TESTING ACCOMMODATIONS:

- | | |
|--|---|
| <input type="checkbox"/> Extended time for essay questions | <input type="checkbox"/> Transcribers, writers or typists |
| <input type="checkbox"/> Time-and-a-quarter | <input type="checkbox"/> Private room |
| <input type="checkbox"/> Time-and-a-half | <input type="checkbox"/> Large print copy; double spaced copy |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Rest periods, stretch periods |
| <input type="checkbox"/> Extended time for multiple-choice questions | <input type="checkbox"/> Tape recorded examinations |
| <input type="checkbox"/> Time-and-a-quarter | <input type="checkbox"/> Tape recorded answers |
| <input type="checkbox"/> Time-and-a-half | <input type="checkbox"/> Use of braille machine |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Use of computer |
| <input type="checkbox"/> Readers | <input type="checkbox"/> Other (please specify) _____ |
| | _____ |

State the reason the accommodation is necessary _____

Signed: _____

Title: _____

Date: _____ License number (if applicable): _____