



**VALPARAISO UNIVERSITY SCHOOL OF LAW  
RECOMMENDATIONS FOR REASONABLE ACCOMMODATIONS**

**Name of Student:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**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:

1. \_\_\_\_\_

**State the reason the accommodation is necessary** \_\_\_\_\_

2. \_\_\_\_\_

**State the reason the accommodation is necessary** \_\_\_\_\_

3. \_\_\_\_\_

**State the reason the accommodation is necessary** \_\_\_\_\_

4. \_\_\_\_\_

**State the reason the accommodation is necessary** \_\_\_\_\_

**Additional comments:**

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **License number (if applicable):** \_\_\_\_\_

**DOCUMENTATION, GENERALLY CONSISTING OF A REPORT FROM AN APPROPRIATE PROFESSIONAL, EXPLAINING TESTING THAT HAS BEEN COMPLETED, THE DIAGNOSIS, THE MAJOR LIFE ACTIVITY THAT HAS BEEN AFFECTED BY THE DISABILITY, AND A RECOMMENDATION OF AN APPROPRIATE ACCOMMODATION IS REQUIRED.**