

Candidate Form

Please Print or Type—Must Be Legible

Note: This form, the Evaluator Form, and the relevant Evaluation Report(s) must be completed and received before LSAC will review your request for accommodations.

LSAC requires that you include current documentation from a qualified/licensed evaluator who diagnosed your disorder/condition and is familiar with its functional impact on a major life activity that affects your ability to perform on the LSAT or other similarly timed, standardized admission tests.

I. Background Information

Name:

Gender: Male ☐ Female ☐

LSAC Account Number (If not available, please provide Social Security/Social Insurance number.):

Date of Birth:

Address: Street

City, State, Zip:

Requested Test Date:

Requested Test Center:

Have you previously submitted documentation of your impairment for the LSAT? Yes ☐ No ☐

Indicate test date for which documentation is on file:

II. Nature of Your Disorder/Condition (check all that apply and provide specific diagnosis)

Visual ☐ Specific visual diagnosis

Physical ☐ Specific physical diagnosis

Cognitive ☐ Specific cognitive diagnosis

Psychological ☐ Specific psychological diagnosis

Hearing ☐ Specific hearing diagnosis

Other ☐ Other diagnosis

On separate pages, describe how your disorder/condition impacts your ability to take the LSAT, and explain why you need each of the accommodations you requested.

III. Past Accommodations Granted for Your Disorder/Condition

A. Did you ever have **formal** accommodations in elementary school? Yes ☐ No ☐

If yes, in what grades?

Did you ever have **formal** accommodations in high school? Yes ☐ No ☐

If yes, in what grades?

B. Were you ever **formally** evaluated? Yes ☐ No ☐

If yes, list the dates.

Candidate Name:

LSAC Account #:

C. Did you ever have an Individualized Educational Plan (IEP)? Yes ☐ No ☐

Did you ever have a 504 Plan? Yes ☐ No ☐

D. Did you ever receive special education services in kindergarten through high school (K–12)? Yes ☐ No ☐

E. If yes, list the types of services.

If you have answered yes to any of the above questions, please provide copies of IEPs, past school reports, notices of retention, etc., if available.

F. Have you taken any past standardized tests such as the SAT, ACT, GRE, MCAT, or GMAT examinations? Yes ☐ No ☐

If yes, provide a copy of all standard and accommodated test score reports and include verification from the testing agency if you received accommodations.

Following is information to assist you in obtaining past standardized test score reports and verification of past accommodations:

- SAT—the College Board; 866.756.7346; www.collegeboard.org
- ACT—American College Testing; 319.337.1313; www.act.org—If the testing agency cannot provide proof of accommodation, please notify LSAC in writing.
- GRE/Praxis—Educational Testing Service; 609.921.9000; www.ets.org
- GMAT—Graduate Management Admission Council; 800.717.GMAT; www.mba.com
- MCAT—Association of American Medical Colleges; 202.828.0690; www.aamc.org

G. Did you request accommodations? Yes ☐ No ☐

a. **If no**, please explain.

b. **If yes**, were you granted accommodations? Yes ☐ No ☐

c. **If yes**, did you receive accommodations for all administrations? Yes ☐ No ☐

H. Specify all standardized tests taken for both undergraduate and graduate school, whether under standard or accommodated conditions, and the accommodations granted. (Please use a separate sheet of paper for multiple tests.)

Test

Date Administered

Score

Percentile

Standard Conditions Yes ☐ No ☐

Accommodations Granted

Test

Date Administered

Score

Percentile

Standard Conditions Yes ☐ No ☐

Accommodations Granted

Candidate Name:

LSAC Account #:

I. Did you receive additional test time for any exams while you were in college? Yes ☐ No ☐

Did you receive any other accommodations while you were in college? Yes ☐ No ☐

- a. **If yes**, please list the type of test (for example, essay, multiple-choice, etc.) and the course type along with a letter from the Office of Disabilities on its official letterhead that details **all** of the accommodations you received.

- b. **If no**, please explain.

IV. Accommodations Requested

1. **Test Format:** (Check one only. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request.)

Braille version of LSAT (The October braille test is disclosed.) ☐

Large-print (18 pt.) test book ☐

Other ☐ Please explain:

2. **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.

- A. **Additional time on multiple-choice sections** ☐

Extra minutes: plus standard 35 minutes = total minutes

- B. **Additional time on Writing Sample** ☐

Extra minutes: plus standard 35 minutes = total minutes

Use of computer and printer for the Writing Sample (provided by candidate) ☐

Candidates who are granted the use of a computer for the writing sample are responsible for producing a printed writing sample at the completion of the LSAT. Occasionally, the center has a computer available and/or printing capability. If not, the test taker is expected to bring a computer and/or printer.

- C. **Alternate non-Scantron answer sheet** ☐

- D. **Use of a reader (provided by LSAC)** ☐

Please contact LSAC for a copy of our policy on readers for visually impaired test takers.

- E. **Use of an amanuensis (scribe provided by LSAC)** ☐

- F. **Additional rest time (standard break is 10–15 minutes between third and fourth sections)** ☐

Extra minutes for the standard break (The amount of additional break time must be specified.)

- G. **Breaks between sections** ☐

Minutes between each section (The amount of additional break time must be specified.)

- H. **Sit/stand with a podium** ☐

- I. **Wheelchair accessibility** ☐

If table is requested, specify height:

- J. **Other** ☐

Please specify:

V. Please note that this form is part of the law school admission process. Candidates are responsible for the completeness and accuracy of the information provided on this form and are subject to the misconduct and irregularity policies as described at LSAC.org.

I certify that all of the information on this form is true and correct.

Signature:

Date:

If you are unable to sign this form, please have someone sign and date it in your presence.

Signature:

Date:

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