

Physical Evaluation Report

The Physical Evaluation Report must be completed by a qualified/licensed medical evaluator (not the candidate) who diagnosed the candidate's disorder/condition and is familiar with its impact on a major life activity that affects the candidate's ability to perform on the LSAT® (or other similar, timed, standardized admission tests) under standard conditions. **The evaluator should address all sections of this form that pertain to the candidate's impairment.** Please reference specific tests, clinical observations, or other objective data, if relevant, and attach other documentation if appropriate. The nature, severity, and extent of the candidate's condition and the functional limitations as they relate to the LSAT should be addressed. The recommended accommodations cannot be supported solely by a history of prior accommodations.

To avoid delays in the processing of accommodation requests, it is very important that all information provided be legible. For your convenience, you may provide any explanations called for below in an attached letter (on your letterhead with your signature and license number) or report, rather than on this form. Current information must be provided if the disorder/condition continues to impact the candidate's ability to take the LSAT without accommodations.

Diagnosis:

How does the condition (or its treatment) in detail impact the candidate's ability to perform on the LSAT? For any items that apply, please explain the impact of the impairment on the listed function and on the candidate's ability to perform the listed function over time (the standard time limitation for the LSAT is approximately four hours). Also, explain why the functional limitation necessitates the requested accommodation(s).

1. What are the candidate's functional limitations related to writing? Provide a detailed description of the nature, severity, and impact on taking the LSAT.
2. What are the candidate's functional limitations related to the ability to draw diagrams? Provide a detailed description of the nature, severity, and impact on taking the LSAT.
Note: The candidate and evaluator may request additional time for the Analytical Reasoning (diagramming) section only, rather than for all of the multiple-choice sections, on the Candidate Form and Evaluator Form, if desired.
Note: The use of scrap paper or a bold pen or marker must be requested as an accommodation.
3. What are the candidate's functional limitations related to the ability to underline text? Provide a detailed description of the nature, severity, and impact on taking the LSAT.
4. What are the candidate's functional limitations related to the ability to use a standard Scantron answer sheet? Provide a detailed description of the nature, severity, and impact on taking the LSAT.

Candidate Name:

LSAC Account #:

5. What are the candidate's functional limitations related to fatigue when taking tests? Provide a detailed description of the nature, severity, and impact on taking the LSAT.

6. What are the candidate's functional limitations related to the causation of pain in this setting when taking tests? Provide a detailed description of the nature, severity, and impact on taking the LSAT.

Note: Each multiple-choice section is 35 minutes in duration. The standard break is 10–15 minutes between sections 3 and 4.

7. What are the candidate's functional limitations related to requiring breaks between sections for medical routines (for example, checking blood sugar, moving about, stretching, taking medication, toileting)? Provide a detailed description of the nature, severity, and impact on taking the LSAT.

How many breaks, and for what duration, are needed during the test?

8. What are the candidate's functional limitations related to requiring frequent breaks as needed, **including during test sections**, for medical routines (for example, stretching, toileting, removing pressure)? Provide a detailed description of the nature, severity, and impact on taking the LSAT.

9. Other: Provide any additional information that would be helpful to us when making a determination regarding accommodations.

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