

CALIFORNIA WESTERN

SCHOOL OF LAW | San Diego

ACCOMMODATIONS REQUEST APPLICATION

Students with disabilities may need special accommodations to facilitate their study of the law. If you are such a student and have documentation of your disability, please complete the packet below following these steps:

Part 1: Your Part

- Review carefully CWSL's *Policy and Procedures for the Provision of Services to Students with Disabilities* (<https://www.cwsl.edu/student-life/campus-resources/student-services/student-handbook>.)
- Complete the Request for Disability Services form and submit to SDS by the trimester deadline in person to Student & Diversity Services (inside Student Center, first floor, 350 Building) or email: StudentServices@cwsl.edu.
- Complete the Authorization for Disclosure of Health Information form for each health care professional who will provide documentation supporting your request.

Part 2: Completed by your Health Care Professional

- Provide the Authorization for Disclosure of Health Information and the Health Care Professional Verification of Disability form to each professional who will support your request. The completed Professional Verification should include both documentation evidencing the qualifying disability **and** the reasonable accommodations you will need while you are in law school.
- The **professional sends** the Health Care Professional Verification of Disability form and supporting documents **directly** to CWSL via (1) email to: StudentServices@cwsl.edu, or (2) confidential fax (619) 615-1448, or US Mail.

Once SDS has received and reviewed all sections of the Accommodation Request Application, we will set up an appointment to discuss your request. The final steps include:

- Meeting with Student & Diversity Services.
- If approved, engage in interactive process to determine accommodations from the law school.
- Follow the procedures in trimester Accommodation Agreement and other applicable rules.

Disability information is given to other law school personnel only when necessary for such personnel to carry out their responsibilities while providing accommodations or otherwise complying with relevant disability-related policies. Please contact Student & Diversity Services if you have any questions.

***DEADLINE:** Please submit Application **30 days** prior to the last day of classes in the trimester.

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PART 1 - REQUEST FOR DISABILITY SERVICES

Full Name (Print): _____

Student ID#: _____ Preferred Name: _____

CWSL student email address: _____
For official disability services related email.

Phone: () _____ Alternate Phone: () _____

Student Status (circle one): Entering 1st Trimester 2nd Trimester 2nd Year 3rd Year

Nature of your accommodation request (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Attention Deficit/Hyperactivity | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Psychiatric Disorder (e.g., anxiety disorder, depression, OCD) | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other (specify): _____ | |

When were you first diagnosed with your condition?

Year: _____ Age: _____ Grade: _____

Please specify your disability(s): _____

Are you currently being treated? Yes _____ No _____

If yes, provide the name and contact information of your current treating professional.

Please describe any accommodations you have received in a postsecondary institution or workplace:

Please list any academic accommodations you are requesting to equalize your opportunities for success at California Western School of Law:

Have you read the *CWSL Policy and Procedures for the Provision of Services to Students with Disabilities*? Yes _____ No _____

Acknowledgement:

I am aware that it is my responsibility to file a complete request, which includes all necessary forms, and understand that it will not be processed if found to be incomplete. I have included all original forms, supporting documentation in legible form. I understand that if a complete packet is not filed by the final accommodation request deadline of the trimester in which I am applying, the request will not be processed for that trimester.

Accommodations are subject to review, revision and possible termination upon any change in the nature of the disability or failure to properly utilize the services provided.

Students shall immediately report in writing any concern with an accommodation to the Assistant Dean for Student and Diversity Services.

Services for students who improperly procure accommodations will be immediately terminated and the student may be subject to disciplinary actions under the Honor Code.

Signature

Date

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PART 2 - AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure
and use of health information about you.

I _____, hereby give authorization to _____
(Name of Student) (Name of Health Care Professional)

to release to **California Western School of Law**, 225 Cedar Street, San Diego, CA 92101 the following
information:

_____ All health information pertaining to my medical history, mental, emotional, or physical
condition and treatment, including but not limited to tests, reports, notes, or related
information necessary to determine reasonable accommodations at law school.

_____ Mental or psychiatric health information including psychoeducational testing,
psychotherapy notes, substance abuse treatment or related information necessary to
determine reasonable accommodations at law school.

I may review a copy of the health information that I am being asked to submit for evaluation of
accommodations.

Signature

Date

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Student and Diversity Services
225 Cedar Street, San Diego, CA 92101
Telephone: (619) 515-1576
Confidential Facsimile: (619) 615-1448
Direct Email: studentservices@cwsl.edu

PART 2 - HEALTH CARE PROFESSIONAL VERIFICATION OF DISABILITY

Please attach detailed information on the type of assessment tools utilized, information from any intake process utilized and the summary if the assessment results.

**** INCLUDE SUPPORTING REPORTS, EVALUATIONS AND/OR TEST SCORES.**

Name of Professional Completing this Form: _____

Occupation, Title and Specialty: _____

License Number (or professional certification, degrees, etc.): _____

Address: _____

Phone Number: _____ Fax Number: _____

** Please review the CWSL ADA Policy, Section C, Procedure for Verifying Disabilities, for details regarding required documentation necessary for student's application. (Link: <https://www.cwsl.edu/student-life/campus-resources/student-services/student-handbook>.)

Name of Student Requesting Accommodations: _____

Date you last treated or evaluated student: _____

Nature of the disability/illness/condition for which treatment, service or consultation is given. Include specific impact to student:

Treatment, service, and/or consultation consisted of: _____

Is this a permanent disability, illness or condition (check one)? Yes No

If NO, give specific date or length of time the disability, illness or condition will abate:

If the specific disability, condition or illness may affect the student in a learning and/or testing environment (ability to read, write, or concentrate for extended periods of time), please explain specifically how the accommodations recommended below **are relevant to the nature of the disability, illness, or condition**. Please provide rationale of requested accommodations based on the student's diagnosis and impairments.

REASONABLE RECOMMENDATIONS TO ACCOMMODATE DISABILITY IN LAW SCHOOL:**

Please provide the amount of additional time needed for exams based on one hour:

Multiple choice:

Essay:

Short answer:

Does the student require any special classroom or examination accommodations?

What other reasonable accommodations do you recommend? Be as specific as possible with the nature of all accommodations recommended and the basis of your recommendation.

**Reasonable accommodations are defined as alternate means to access information or facilities, or alternative ways to demonstrate knowledge, without compromising essential academic objectives and without undue financial or administrative burden to the institution.

I certify that the above noted accommodations are current and reflect the student's present level of functioning of the major life activities affected by the disability.

Signature

Date

In order to maintain appropriate confidentiality, please fax or mail ALL FORMS and ALL SUPPORTING DOCUMENTATION to one of the following:

Confidential Fax (619) 615-1448

Email: StudentServices@cwsl.edu or

U.S. Mail: California Western School of Law, Student and Diversity Services
225 Cedar Street, San Diego, CA 92101-3046