

CARDOZO LAW

BENJAMIN N. CARDOZO SCHOOL OF LAW • YESHIVA UNIVERSITY

From: Francesca Acocella, Director of the Office of Student Life

To: Cardozo Students

Re: Reasonable Accommodations

The Office of Student Life assists students with documented disabilities or disabling medical conditions in obtaining reasonable accommodations. If you believe that you may need an accommodation, please review the documentation guidelines and checklist contained in this memo.

The Office of Student Life also provides holistic support and resources to students with accommodations throughout their time at Cardozo, including academic advising, course selection, and support with study habits and time management. The Senior Director of Student Life also counsels second and third year students on bar exam accommodations.

Please note that accommodations documents and the Initial Request form are due at minimum thirty days before your first exam. The Office of Student Life sets a specific deadline each semester that is advertised in our Student Services newsletter.

Please submit documentation, along with the Initial Request form at the end of this document, to the Director of Student Life at Francesca.Acocella@yu.edu. The Senior Director will provide your information to the YU Office of Disability Services, whose director will review and assess. At times, additional documentation may be required. All information will be kept confidential as required by law. If you have questions, please contact the Director of Student Life.

Please review the subsequent pages to determine what documentation is appropriate for you to provide based on the reason for which you seek accommodations:

I. **For Students with Learning Disabilities**

Evaluation and documentation should be within the past three - five years, or if the student is not yet 18 years of age, testing must be administered in the past two years*:

☐ Check off the box here if you have an updated evaluation.

THE OFFICE OF DISABILITY SERVICES REQUIRES A PSYCHOEDUCATIONAL OR NEUROPSYCHOLOGICAL EVALUATION TO REQUEST ACCOMMODATIONS BASED ON LEARNING DISABILITIES.

A letter from a medical or mental health provider IS NOT sufficient documentation

The evaluation must address the following, and we recommend you share this list with your provider or evaluator:

- A. Identification of the tests administered as part of a psycho-educational or neuro-psychological evaluation; Neuro- psychological or psycho-educational assessments are needed to determine the current impact of the condition on the individual's academic functioning;
- B. The nature of the learning disability. A diagnosis as per the American Psychiatric Association's Diagnostic and Statistical Manual - V (DSM-V) is required. Terms such as "learning problems," "learning differences," "weaknesses," etc., are not the equivalent of a learning disability;
- C. Description of the student's functional limitations in law school (i.e. how does the impairment significantly limit a major life activity in an educational setting, e.g. test-taking); and
- D. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

Accommodations will not be provided without an evaluation.

** The New York Board of Law Examiners, or the equivalent entity in another jurisdiction, may require more recent documentation, which may require updated testing.*

If you require referrals for the above evaluations, please speak to your mental health provider or medical provider or contact the Senior Director of Student Life.

II. **For Students with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder**

Evaluation and documentation should be from within the past three - five years, or if the student is not yet 18 years of age, testing must be administered in the past two years*:

☐ Check off the box here if you have an updated evaluation.

THE OFFICE OF DISABILITY SERVICES REQUIRES A PSYCHOEDUCATIONAL OR NEUROPSYCHOLOGICAL EVALUATION TO REQUEST ACCOMMODATIONS BASED ON ADD/AHDH.

A letter from a medical or mental health provider IS NOT sufficient documentation. A Medical Provider form may be submitted as supplemental documentation.

The evaluation must address the following, and we recommend you share this list with your provider or evaluator:

- A. Identification of the tests administered as part of a psycho-educational evaluation (including standardized measures for inattention, hyperactivity and impulsivity, if possible). Neuro- psychological or psycho-educational assessments are needed to determine the current impact of the condition on the individual's academic functioning;
- B. Assessment consisting of a history of symptoms, including evidence of ongoing impulsive, hyperactive or inattentive behavior that has significantly impaired functioning over time.
- C. Description of the student's functional limitations in law school (i.e. how does the impairment significantly limit a major life activity in an educational setting, e.g. test-taking), while ruling out other common behaviors in adults and distinguishing them from clinically significant impairment; and
- D. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

Accommodations will not be provided without an evaluation.

IF there is a history of accommodations, as noted in the Medical Provider Form, the Office of Disability Services MAY grant provisional accommodations one time. Students must pursue getting onto waitlists as soon as possible and provide good faith updates on the waitlists' status. Provisional accommodations will only be provided for 1 year without complete a evaluation.

** The New York Board of Law Examiners, or the equivalent entity in another jurisdiction, may require more recent documentation, which may require updated testing.*

If you require referrals for the above evaluations, please speak to your mental health provider or medical provider or contact the Director of Student Life.

III. **For Students with Psychiatric Diagnoses:**

The Office of Disability Services requires your provider to fill out the attached medical provider verification form. The form will need to contain the following information in detail:

- A. Specific DSM diagnosis;
- B. Instruments and procedures used to make the diagnosis;
- C. Date of the diagnosis and date of last in-person contact with the student, preferably within 6 months to one year;
- D. Statement regarding the severity of the impairment;
- E. Description of the student's functional limitations in law school (i.e. how does the impairment significantly limit a major life activity in an educational setting); and
- F. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

Should the form be insufficient, the Office of Disability Services may require additional information.

Students with a mental health diagnosis may need to re-apply for accommodations on an annual basis by resubmitting the medical provider verification form

Please contact the Director of Student Life if you require referrals to mental health providers.

IV. **For students with temporary disabilities:**

The Office of Disability Services requires your provider to fill out the attached medical provider verification form. The form will need to contain the following information in detail:

- A. Specific nature of the condition;
- B. Date of the diagnosis and date of last contact with the student;
- C. Assessment of current level of disability and description of the student's functional limitations in law school (i.e., how does the impairment significantly limit a major life activity in an educational setting);
- D. Prognosis as to the expected duration of disability; and
- E. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.
- F. In the event that the temporary disability continues beyond its expected duration, additional documentation may be required.

Should the form be insufficient, the Office of Disability Services may require additional information.

V. **For Students with Physical, Sensory and Health-Related Disabilities:**

The Office of Disability Services require your provider to fill out the attached medical provider verification form. The form will need to contain the following information in detail:

- A. Specific diagnosis;
- B. Date of diagnosis and date of last in-person contact with the student;
- C. Statement as to the “major life activities,” impacted by the student’s impairment(s) and level of severity;
- D. Description of the student’s functional limitations in law school (i.e. how does the impairment significantly limit a major life activity in an educational setting); and
- E. Recommendations regarding effective accommodations to equalize the student’s educational opportunities and the rationale for each recommendation.

Students may need to re-apply for accommodations on an annual basis by resubmitting the medical provider verification form

VI. **Confidentiality:**

All exam-based accommodations are kept anonymous from your professors and from your peers. In the event of an accommodation relating to attendance, you will discuss with the Director of Student Life how you would like to approach it with your faculty. The Director of Student Life is your primary contact regarding all accommodations questions and concerns and is the liaison between Cardozo and the YU Office of Disability Services, whose director makes all determinations regarding accommodations that the Office of Student Life then implements. While the Student Services Program Manager and the Dean of Students have access to accommodations on a need-to-know basis, no other administrators have access to accommodations information. These members of the Student Services team are bound by confidentiality as provided by the fullest extent of the law, including the Americans with Disabilities Act (ADA) and the Family Educational Rights and Privacy Act (FERPA). If you have questions or concerns about your accommodations, please always direct them to the Director of Student Life.

Benjamin N. Cardozo School of Law, Yeshiva University

INITIAL REQUEST FOR SPECIAL ACCOMMODATIONS

Students who have documented disabilities or medical conditions may be eligible for special accommodations. Students who are seeking accommodations should review the guidelines contained in the Cardozo Student Handbook, and then complete the form below and return it to the Office of Student Services and Advising, room 1043.

Name: _____

Student ID: _____

Select one:

Please check the relevant category and then specify the nature of your disability on the line provided:

- ☐ Learning: _____
- ☐ AD/HD: _____
- ☐ Hearing: _____
- ☐ Speech: _____
- ☐ Visual: _____
- ☐ Mobility: _____
- ☐ Emotional: _____
- ☐ Other: _____

What specific accommodation(s) are you requesting?

Do you plan to use a laptop to take your law school examinations? ☐ YES ☐ NO

Please attach all relevant medical documentation. In addition, attach documentation from colleges, universities and/or the Law School Admissions Council (for the LSAT) if they provided you with an accommodation. **Requests for accommodations will not be reviewed until appropriate supporting documentation is submitted.** Please refer to documentation guidelines included in the attached memo.

This document will serve as written authorization for ODS to share information as it deems necessary in order to consider and implement your accommodations.

Print Name

Telephone

Signature

Date

-----For University Office of Student Services and Advising only-----

Further documentation is required: _____

The following accommodation has been approved: _____

Signature of University Official: _____ Date: _____

Yeshiva University
Office of Disability Services
VERIFICATION OF DISABILITY FORM FOR MEDICAL PROVIDERS

This form may only be used for Psychiatric, Health-Related, and Temporary Disabilities

Purpose: The student named below has indicated that s/he has a disability and will require reasonable accommodations to participate in a program or activity at Yeshiva University. The information you provide will be used to determine the nature and severity of the student's condition and the appropriateness of requested accommodations or services. **Please take the time to complete this form in its entirety and in great detail.**

Contact the Office of Disability Services with any questions. All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form. Thank you for your assistance.

*Please note: For hearing disabilities, please attach the most recent audiogram.
For visual disabilities, please attach acuity information.*

Student Name: _____

Disability Diagnosis(es) (DSM-V if relevant): _____

Onset of Condition(s): _____

Current Status of Condition(s) (e.g. Active, Progressing, Controlled, In Remission): _____

How long is this condition(s) likely to persist (be as specific as possible: e.g., lifetime, one academic year; one semester; one month): _____

What are the student's current functional limitations?: _____

Please describe the current impact that the disability will have on the student's ability to attend and/or participate in class: _____

Identify any accommodations you believe may be necessary in order for the student to participate in the University's programs, activities and services: _____

Anticipated duration of need for accommodation: _____

Additional information: _____

Name of Professional: _____

License #: _____

Please indicate State: _____

Address: _____

Telephone: _____

Signature (verifying that you are not related to the student by blood or marriage): _____

Date: _____