

## REASONABLE TESTING ACCOMMODATIONS SUPPLEMENTAL DOCUMENTATION FOR LEARNING DISABILITIES

A physician or other qualified professional in the field related to the applicant's disability must complete this form. The Kansas Board of Law Examiners requires that an applicant with a specific learning disability must have been identified by a psycho-educational assessment process that includes data from both cognitive and achievement measures listed below. Test results should:

- Have been administered or reconfirmed within the last three years;
- Identify normative academic skills deficit(s);
- Identify normative information processing deficit(s);
- Certify that the applicant's intellectual ability is within the normal range of functioning or higher.

**Applicant's Name:** \_\_\_\_\_

**Nature and extent of impairment:**

\_\_\_\_\_

**Summary of diagnosis:**

\_\_\_\_\_

**What is the academic and developmental history of the disability? (Attach assessment summaries or other relevant documentation.)**

\_\_\_\_\_

**Were other diagnoses or conditions ruled out as the primary cause of academic skills deficits (e.g. anxiety, psychological disturbance, etc.)? \_\_\_\_ Yes \_\_\_\_ No**

**Indicate below which specific tests were used in the psycho-educational assessment. Attach a copy of the completed report with this document.**

**Tests of Cognitive Ability and Processes:**

- \_\_\_\_\_ Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)
- \_\_\_\_\_ Wechsler Memory Scale-Third Edition (WMS-III)
- \_\_\_\_\_ Woodcock-Johnson Tests of Cognitive Ability (WJ III COG)
- \_\_\_\_\_ Kaufman Adolescent and Adult Intelligence Test (KAIT)
- \_\_\_\_\_ Other Tests, please specify: \_\_\_\_\_

**Tests of Achievement:**

- \_\_\_\_\_ Woodcock-Johnson Tests of Achievement III (WJ III ACH)
- \_\_\_\_\_ Woodcock Diagnostic Reading Battery (WDRB)
- \_\_\_\_\_ Woodcock Reading Mastery Tests-Revised/Normative Update (WRMT-R/NU)

**How will this condition be ameliorated by the recommended test accommodation?**

**The completed form should be returned to the applicant so he or she may submit it with the completed application for reasonable accommodations.**

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**I certify that all the information on this form and all additional documentation provided by my office is true and correct to the best of my knowledge and belief.**

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**Signature**

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**Name (Print)**

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**Title**

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**Date**

I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.