



Requesting Reasonable Accommodations

Office of Diversity, Equity, and Inclusion

*Special thanks to the Association of Law Students for Accessibility (ALSA)

Overview of Relevant Laws and Statutes

Vermont Law and Graduate School (VLGS) does not discriminate on the basis of race, color, national origin, disability, sex, or age in treatment or employment at VLGS, admission or access to VLGS, or any other aspect of the educational programs and activities that VLGS operates. VLGS is required by Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 34 C.F.R. Parts 100, 104, 106 and 110, not to discriminate in such a manner.

VLGS strives to be supportive of the academic and personal needs of all of its students and prospective students and is committed to helping those with disabilities participate fully in the application process and the life of the law school.

At VLGS, Associate Dean of Diversity, Equity, and Inclusion Lisa Ryan is the Section 504 Coordinator and certifies student and prospective students disabilities that have been documented by a qualified professional on an individual basis and recommends reasonable accommodations as appropriate given the nature of the student's disability and any relevant academic requirements. While VLGS strives to accommodate students and prospective students as fully as possible, reasonable accommodations do not include measures that fundamentally alter the academic program or that place undue administrative or financial burden on the law school.

Inquiries concerning the application of each of these statutes and their implementing regulations to VLGS may be referred to:

U.S. Department of Education, Office for Civil Rights

- (617) 289-0111
- **OCRBoston@ed.gov**
- 5 Post Office Square, 8th floor, Boston, MA 02109-3921

Title VI: Associate Dean of Diversity, Equity, and Inclusion Lisa Ryan, **lryan@vermontlaw.edu**, (802) 831-1079

Section 504: Associate Dean of Diversity, Equity, and Inclusion Lisa Ryan, **lryan@vermontlaw.edu**, (802) 831-1079

Title IX: Title-IX Coordinator Jessica Durkis-Stokes, **jdurkisstokes@vermontlaw.edu**, (802) 831-1274

Age Act: Associate Dean of Diversity, Equity, and Inclusion Lisa Ryan, **lryan@vermontlaw.edu**, (802) 831-1079

How to Request an Accommodation for a Disability

Download and read the Documentation Guidelines and the accompanying Summary Cover Sheet pertinent to your disability.

Complete the online [Disability Accommodation Request Form](#). As part of the online Disability Accommodation Request Form, you should upload scanned copies (.pdfs) of medical reports and other documents required under the Documentation Guidelines (e.g. your health care professional's report(s) and signed Summary Cover Sheet). Click the "Submit Completed Form" button. You should receive an email confirming receipt of your request soon after you submit it.

If you cannot upload scanned copies of your medical documentation, you may bring it to Dean Ryan, located on the second floor of Debevoise Hall, or mail it to:

- Vermont Law and Graduate School
- Attn: Dean Ryan Section 504 Coordinator
164 Chelsea Street, PO Box 96
South Royalton, VT 05068

Faxing medical documents is also an option. If you would like to fax materials please use: **802-831-1163**

*If you have a unique situation that you believe the process above does not adequately address, please contact Dean Ryan directly.

Evaluation of Requests and Timing

- All requests for services and accommodations will be evaluated by the Associate Dean for Diversity, Equity, and Inclusion for in accordance with Vermont Law and Graduate School policies and the law. The provision of accommodations in a previous educational setting does not guarantee that they will be approved here. Please be aware that in some cases Dean Ryan may need to request additional information or clarification from your health care professional.
- Students and prospective students are urged to submit requests and any necessary supporting documentation as soon as possible because the review process can take up to 30 days. Please be aware that your request cannot be considered until all necessary documentation has been submitted (you will be contacted if any required documentation is missing). **For current students, as a rule, accommodations based on requests made less than 14 days prior to the first day of examination period will not be implemented until the following term. Similarly, accommodations based on requests made less than 14 days prior to any midterm examination will not be implemented until after the midterm.**

Download and read the
Documentation Guidelines and the
accompanying Summary Cover Sheet
pertinent to your Disability

Students requesting accommodations for a physical, psychiatric, or learning disability must provide current documentation verifying the disability and providing recommended accommodations. The documentation required varies depending on the nature of the disability. If you have more than one type of disability (e.g. a physical disability and a learning disability), you should download more than one set of Documentation Guidelines.

Please read VLGS Documentation Guidelines carefully. You should share these documents with your provider, to ensure the documentation is prepared in accordance with these requirements.

Physical Disabilities Documentation Guidelines

→ [Documentation Guidelines and
Summary Cover for Physical
Disabilities](#)

Relevant Terminology:

- ***Physical disabilities*** include but are not limited to impairments, chronic illnesses, traumatic brain injury, arthritis, and visual, hearing, mobility, and manual limitations.
- ***Major life activity***: Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.
- ***Current functional limitation***: A substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity.

Documentation Guidelines provide information on the relevant documentation that is needed to begin the reasonable accommodation request process.

Summary Cover Sheet contains forms that need to be filled out by the student and a medical professional. **Please include this sheet along with any medical documentation given to you by a medical professional.**

Psychiatric Disabilities Documentation Guidelines

→ [Documentation Guidelines and
Summary Cover for Psychiatric
Disabilities](#)

Relevant Terminology:

- ***Psychiatric disabilities:*** These comprise a range of conditions characterized by emotional, cognitive, and/or behavioral dysfunction. Diagnoses are provided in the *DSM-IV-TR* or the *ICD-10*. Note that not all conditions listed in the *DSM-IV-TR* are disabilities or even impairments for purposes of the ADA.
- ***Major life activity:*** Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and other similar activities. In particular, individuals with psychiatric disabilities may also experience thinking disorders/psychotic disorders that may interfere with learning and exam taking tasks.
- ***Functional limitation:*** A substantial impairment in the individual's ability to function in the condition, manner, or duration of a required major life activity.

Documentation Guidelines provide information on the relevant documentation that is needed to begin the reasonable accommodation request process.

Summary Cover Sheet contains forms that need to be filled out by the student and a medical professional. **Please include this sheet along with any medical documentation given to you by a medical professional.**

- Appropriate professionals *may* include psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, other relevantly trained medical doctors, clinical social workers, licensed mental health counselors, and psychiatric nurse practitioners.

Learning Disabilities Documentation Guidelines

→ [Documentation Guidelines and
Summary Cover for Learning
Disabilities](#)

Documentation Guidelines provide information on the relevant documentation that is needed to begin the reasonable accommodation request process.

Summary Cover Sheet contains forms that need to be filled out by the student and a medical professional. **Please include this sheet along with any medical documentation given to you by a medical professional.**

- Clinical or educational psychologists; neuropsychologists; learning disabilities specialists; medical doctors with demonstrated training and experience in the assessment of learning disabilities in adults.

ADHD Disabilities Documentation Guidelines

→ [Documentation Guidelines and
Summary Cover for \(ADHD\)](#)

Documentation Guidelines provide information on the relevant documentation that is needed to begin the reasonable accommodation request process.

Summary Cover Sheet contains forms that need to be filled out by the student and a medical professional. **Please include this sheet along with any medical documentation given to you by a medical professional.**

- Clinical or educational psychologists;
- Neuropsychologists;
- Psychiatrists;
- Medical doctors with demonstrated training and experience in the assessment of ADHD in adults.

Summary Cover Sheets: Please make sure your medical professional has attached the cover sheet to the diagnosis report!

INSTRUCTIONS

To the Certifying Medical Professional: this cover sheet is to be attached to your diagnosis report. In order to support the student's request for accommodations, the documentation explaining the diagnosis should be comprehensive. Whenever applicable, please follow the guidelines below:

Completing the Disability Accommodation Request Form

Here is 1-6 on the Disability Accommodation Request Form!

For email (#6) please use your school email if you are a current student, if not please provide the email you check the most frequently

1.	Your Name: *	First Name * Shea
		Middle Name
		Last Name * Good
2.	Program Enrolled in or Applying to: *	JD
	Primary Site: *	Residential
3.	Anticipated Graduation Year (if known):	2025
4.	Preferred Phone:	XXX-XXX-XXX
5.	Preferred Address:	Street 1 Address
		Street 2: Apartment #
		City: SoRo
		State: VT
		Zip: 05068
6.	Email: (Please note: All communication with current students will be conducted through your official VLS email address.)	

Completing the Disability Accommodation Request Form.

Here is 7-10 on the Disability Accommodation Request Form!

Please note to check that information you provide is accurate and up to date. Be as detailed as possible.

7. **Nature of your disability:**
(check all that apply)

<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Learning
<input checked="" type="checkbox"/> ADHD	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing
<input type="checkbox"/> Other: <input type="text"/> (Please specify)		

8. **If you have been diagnosed with a specific condition, please state it here:**

9. **Date of diagnosis:**
(if known)

10. The health care professional who provided—or who will provide—required medical documentation pursuant to the [Documentation Guidelines \(available here\)](#) regarding my condition(s) and accommodations(s) is:
Health Care Professional:

Completing the Disability Accommodation Request Form.

11. Please upload all documentation required under the pertinent documentation guidelines.

[\(Documentation Guidelines available here\)](#)

Choose File no file selected



Summary Cover Sheet for ADHD Documentation

Choose File no file selected



Summary Cover Sheet for Physical Disability Documentation

Choose File no file selected



Additional Physical Disability Medical Documentation (2020-2023)

Choose File no file selected

Choose File no file selected

If you are not uploading medical documentation at this time, please state the reason here (e.g. technical difficulties, documentation not yet obtained, not yet tested, you will hand-deliver or mail, etc.):

This is an example of what you would upload if you had ADHD AND a physical disability. Multiple accommodations require multiple forms!

PLEASE NOTE: All accommodations are unique to the student, documentation is different and you may have more or less to upload depending on your circumstances.

Completing the Disability Accommodation Request Form.

12. **Accommodation(s) requested:** (check all that apply)

- ☐ Special exam answer format (e.g. computer only, handwritten only, large print, voice-to-text, etc.)
- ☐ Additional time for in-class, timed exams
- ☐ Private exam room
- ☐ Special Seating Arrangements (e.g. sit/stand requirements, front row requirements, etc.)
- ☐ Electronic texts and/or text-to-speech readers
- ☐ Notetaker Services/Class Recordings
- ☐ Wheelchair Accessibility
- ☐ Other (please specify):

Please select all accommodations you are requesting.

Completing the Disability Accommodation Request Form.

13. Past Accommodations

a. Did you receive formal accommodations while you were in college or in other recent academic setting?

☐ Yes ☐ No

b. Have you received accommodations for standardized tests such as the SAT, LSAT, GRE or GMAT?

☐ Yes ☐ No

c. Have you received accommodations at a place of employment?

☐ Yes ☐ No

d. If you answered "Yes" to any questions above, please describe and upload any relevant documentation:

Upload Document:

[Choose File](#) no file selected

e. If you answered "No" to all questions above, please state why you are requesting accommodations today:

Information Collection Disclosure:

The information you enter here is retained by VLS for internal use, and may be submitted to third-party tools or entities for specific, related purposes such as payment processing or reporting. All data is collected and retained via secure protocols. [Click here to read relevant policy information.](#)

[European Union residents, click here to request removal of your data from our systems.](#)

☐ Please check this box to indicate that you understand the data retention policy information.

Submit Completed Form

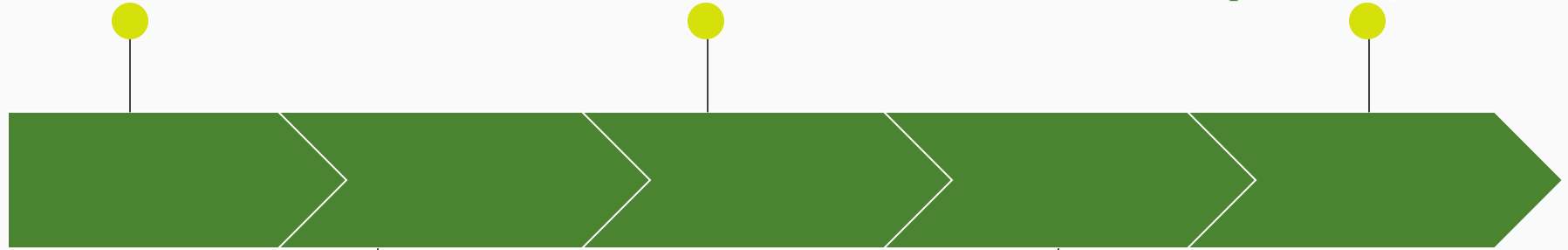
Please provide information regarding past accommodations!

After providing information for categories 1-13, you may submit your application. After submission, you should receive an email confirming your request.

Carefully Read the
Guidelines and
Expectations for
Accommodations

Carefully Read
Materials alone and with
a Medical Professional

Fill in and Submit the
Disability
Accommodation
Request Form.



Download the Relevant
Documentation
Guidelines and Cover
Sheet

Make sure your
documentation
corresponds with VLGS
requirements