

APPLICATION FOR ACCOMMODATION (PART A – STUDENT)

Students submitting this application should ensure they have read and understood CPLLED’s policies. This form should be used to request accommodation in a CPLLED program. Students with a disability or medical condition must substantiate the need for accommodation through medical documentation.

Student Information	
Last Name	First Name
Email	Phone
Grounds for Accommodation	
<p>Please indicate the grounds under which you are seeking accommodation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Cognitive/psychological</i> <input type="checkbox"/> <i>Physical</i> <input type="checkbox"/> <i>Visual</i> <input type="checkbox"/> <i>Hearing</i> <input type="checkbox"/> <i>Other:</i> _____ 	
Requested Accommodation (please be specific as possible)	
<p>Provide a brief description:</p> <p><i>Explain what accommodation you are seeking and how this will enable your full participation in the program.</i></p>	
Prior Accommodation	
<p>Have you received examination accommodations in the past, either as part of your law school studies or as part of your licensing process?</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Yes (if yes, please attach proof of accommodation provided)</i> <input type="checkbox"/> <i>No</i> <p><i>Proof should consist of written correspondence from the law school or licensing body confirming the granting of the accommodation and its particulars. Please note that proof of prior accommodation is not a guarantee of the same with CPLLED.</i></p>	
Supporting Documentation	
<p>If you have a disability or medical condition, you must enclose verifiable medical documentation in support of your accommodation request. All documentation should be as specific as possible. Documentation provided by a regulated health professional should clearly indicate the name and qualification of the professional.</p>	

I confirm that I have read and understood the requirements of this form and any relevant CPLLED policies. I affirm that all the information and documentation provided in support of this application are accurate and true. I understand that CPLLED may request further information and documentation from me in support of my application. For the purposes of verifying authenticity, I authorize CPLLED to contact anyone who provided documentation submitted in support of this application, including but not limited to medical documentation.

Student Signature	Date [YYYY-MM-DD]
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APPLICATION FOR ACCOMMODATION (PART B – REGULATED HEALTH PROFESSIONAL)

This form is intended to assist your regulated health professional in providing information CPLLED requires to consider your accommodation request.

Provide this form to a regulated health professional who has the appropriate credentials to diagnose, treat and recommend accommodations for individuals with your disability or medical condition. The regulated health professional must have treated, diagnosed or had some other professional relationship with you in recent years directly related to your current prognosis.

Regulated Health Professional Information	
Last Name	First Name
Email	Phone
Address	Occupation
Regulated Health Professional Qualifications	
<p><i>Please describe your professional qualifications, including any professional licenses you maintain, your area(s) of practice and any specialties, and any experience you have assessing and/or recommending accommodations.</i></p> <p>Are you the applicant's current regulated health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long have you been treating the applicant? _____</p> <p>I have reviewed the applicant's completed Application for Accommodation (Part A – Student Application).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Disability or Medical Condition Details	
<p>Prognosis:</p> 	
<p>Date [YYYY-MM-DD] of your last treatment or consultation with the applicant:</p>	
<p>It is important for us to know if the disability is permanent or temporary in order to properly consider future accommodation requests.</p> <p>Is this a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, expected date of return to pre-disability status: _____</p> <p>How will the applicant's ability to participate in their CPLLED program be affected by their disability or medical condition?</p> 	

Recommended Accommodation

In this section, please describe any specific accommodation you are recommending, as well as any alternative accommodation that may be considered. Recommendations should be as specific as possible. Recommendations for specific accommodation must explain how such an accommodation will enable the applicant's full participation in their program. Recommendations should take into account the format of the phase of the program for which an accommodation is sought. Recommendations should not modify the nature or level of the assessment. A portion of the assessment process is working under time constraints and evaluating the applicant's ability to manage time.

Phase 1: Foundation Modules

- Delivered virtually.
- 14 total online content modules (twelve are primarily reading based with some interactive assessments, two are multimedia).
- Most modules include a required 30-question multiple choice quiz. Students are given one hour to complete each quiz and have three attempts to successfully complete the quiz. Students unable to successfully pass any module quiz after three attempts are required to complete a 60-question multiple choice quiz.
- Estimated time commitment for this phase of the program is 100 – 110 hours over approximately three months. Students in the accelerated version of the program complete this phase over a period of 2.5 weeks.

This is a formative phase and assessment results in this phase are not considered in determining the student's success in the program. Students must complete all phase requirements to be permitted to move to the next phase.

Recommended Accommodation:

Please note that the Foundation Modules progress on a strict schedule of self-directed study. Students who require additional time to complete this phase of the program may need to delay their entry to the next phase until the next available program intake. Extensions in the time allotted for quizzes can be accommodated.

- Large font (____pt)
- Additional Time on quizzes – Specific amount of additional time required_____
- Other (*please specify below*)

Phase 2: Foundation Workshops

- Delivered in-person or synchronous (if virtual).
- Prework for this phase consists of written assignments submitted online in advance of the workshops. Estimated time for prework is 20 hours. Prework assignments are completed over a one-week period for students in the regular delivery and over three days for students in the accelerated delivery.
- Interactive workshops take place over a period of five full days (38 hours) in a week. Students have 1-2 hours of homework per night.
- This phase relies on technology for accessing content, preparing and submitting written assignments, recording skills and conducting peer assessments.
- Estimated time commitment for this phase of the program is 70 hours over approximately two weeks.

This is a formative phase and assessment results in this phase are not considered in determining the student's success in the program. Students must complete all phase requirements to be permitted to move to the next phase.

Recommended Accommodation:

- Large font (____pt)
- Additional Time – Specific amount of additional time required _____
- Other (*please specify below*)

Phase 3: Virtual Law Firm

- Delivered virtually.
- Assignments consist of written and oral tasks completed while working through client files over three rotations. There are 9-12 tasks per rotation.
- This phase relies on technology for accessing content, preparing and submitting written assignments, recording skills, meeting virtually with third parties, and using Clio (online practice management software).
- Estimated time commitment for this phase of the program is 85 hours over a three-month period. Students in the accelerated version of the program complete this phase over a period of 1.5 months.

This is a formative phase and assessment results in this phase are not considered in determining the student's success in the program. Students must complete all phase requirements to be permitted to move to the next phase.

Recommended Accommodation:

- Large font (____pt)
- Additional Time for written tasks (i.e., research, legal writing, legal drafting, ethics, client relationship management, practice management, reflection) – Specific amount of additional time required:

- Additional Time for oral tasks (i.e., interviewing, negotiation, advocacy) – Specific amount of additional time required: _____
- Other (*please specify below*)

Phase 4: Capstone

- Delivered virtually.
- Four-day final and evaluative phase of the program.
- Tasks are completed under time constraints.
- Students are evaluated on both oral and written competencies.
- This phase relies on technology for accessing content, preparing, and submitting written assignments, recording skills, meeting virtually with third parties, and using Clio (online practice management software).
- Estimated time commitment for this phase is 30 hours over a four-day period.

This is the evaluative phase and assessment results in this phase are considered in determining the student's success in the program. Students must complete all phase requirements.

Recommended Accommodation:

- Large font (____pt)
- Additional Time for written tasks (i.e., research, legal writing, legal drafting, ethics, client relationship management, practice management, reflection) – Specific amount of additional time required: _____
- Additional Time for oral tasks (i.e., interviewing, negotiation, advocacy) – Specific amount of additional time required: _____
- Other (*please specify below*)

How will the accommodation enable the applicant's full participation in their program?

I confirm that the foregoing information I have provided is accurate to the best of my knowledge and expertise.

Regulated Health Professional Signature

Date [YYYY-MM-DD]