



(Attachment B)

PROFESSIONAL EVALUATION AND DOCUMENTATION OF DISABILITY
(to be completed by the physician/evaluator)

Candidates Name

Use of this form by the physician/evaluator is optional. However, if this form is not used, all the information requested must be provided on original letterhead stationery of the physician/evaluator or the request for accommodation(s) will be incomplete and cannot be processed.

1. Describe the candidate's type of disability (e.g., physical, mental, learning), DSM code (if applicable), date of assessment, the tests used to diagnose the disability, and a summary of the interpretation of the test results.

2. Describe the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability substantially limits one or more of the candidate's major life activities, and if the disability will change in any way over time. In the case of a learning disability, include specifics as to the area of the disability (e.g., visual speed, processing, memory, comprehension, etc.).

3. What is the effect of the disability on the candidate's ability to perform under normal testing conditions?

4. What is the recommended accommodation(s) and how does the accommodation relate to the candidate's disability given the format of the examination (five hour, multiple choice, written examination)? The request must be specific (e.g., if additional time is needed, indicate how much; if additional breaks, how many and with what frequency).

5. What is the date of your last treatment or consultation with the candidate?

6. Describe the credentials and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation. (See below for description of a qualified evaluator.)

EVALUATOR'S NAME (print)

PROFESSIONAL LICENSE OR CERTIFICATION NUMBER

INSTITUTION / BUSINESS NAME

ADDRESS

(_____)_____
TELEPHONE NUMBER

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EVALUATOR'S SIGNATURE

Date

DESCRIPTION OF A QUALIFIED EVALUATOR

The Board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate nor related to the candidate. The evaluator must have sufficient experience to be considered qualified to evaluate the existence of and proposed accommodations needed for specific learning disabilities. Guidelines for a qualified evaluator are listed below:

- (a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator is a licensed physician or psychologist with expertise in the area of the disability.
- (b) In the case of learning disabilities, a qualified evaluator is one of the following:
 - 1. A licensed psychologist or physician who has experience working with adults with learning disabilities and who has training and experience in all of the areas described below

OR

- 2. Another professional who possesses a master's or doctorate degree in the category of disability, special education, education, psychology, educational psychology, or rehabilitation counseling and who has training and experience in all of the areas described below:
 - ◆ Assessing intellectual ability level and interpreting tests of such ability.
 - ◆ Screening for cultural, emotional and motivational factors.
 - ◆ Assessing achievement level.
 - ◆ Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing and mathematics.