**To be completed by candidates applying to sit the Final Examination First Part (FE-1), Preliminary Examination or Qualified Lawyers Transfer Test (QLTT**).

The Law Society welcomes applications from candidates with disabilities and is committed to making Reasonable Accommodations to enable them to fully participate in all aspects of student life. Participants with disabilities have a proactive responsibility to indicate if they have a disability, to provide the required disability evidence and to follow the Law Society’s procedures.

**Disability[[1]](#footnote-1)**

This relates to any permanent illness, injury or condition.

**Support for Examination Candidates with Disabilities**

There are a range of supports available for examination candidates with disabilities. To access these disability supports you are required to complete the Disability Registration application form (pages 3 – 7) and provide evidence of your disability The evidence of disability you provide is used to ensure that appropriate arrangements are in place to support you.

# Evidence of Disability

# Applicants must provide one of the following:

* An existing recent report or letter from relevant consultant or specialist (please see Appendix 1, pages 8 – 10) for appropriate medical professional for your disability type).

All letters/reports must be current and should confirm:

* Specific name of the disability;
* Impact of the disability on a candidate’s ability to undertake examinations;
* Confirmation that the reasonable accommodations (which should be named) being applied for are medically necessary.

All relevant letters/reports should be attached to the application form.

**OR**

* A completed **Evidence of Disability Form** (Appendix 2, pages 11 – 14) from the relevant consultant or specialist.

**OR**

A completed Evidence of Disability form from a GP verifying that they have a diagnosis on file from the relevant consultant or specialist (a copy of this diagnosis must also be provided).

**GP-only evidence:**

# Applicants who are not in the care of consultant or specialist but whose GP or other health professional (e.g. a qualified therapist /counsellor) can verify their disability, should have their treating physician complete the Evidence of Disability form.

**Application Deadline**

Candidates should submit this application as early as possible and no later than the closing date for receipt of examination applications for the relevant sitting.

The personal information you provide to the Law Society as part of this form is processed in accordance with the GDPR (EU) 2016/679 and the Irish Data Protection Acts (1998-2018).

**Repeat Candidates**

Please note that if you have already applied for reasonable accommodations for a previous examination attempt, there is no need to re-apply but please notify the Examinations Disability Support Manager by emailing [dsexams@lawsociety.ie](mailto:dsexams@lawsociety.ie) .

**Temporary Disability Examination Support**

Temporary Examination Supports are intended for candidates who have an injury or a temporary condition that affects a candidate for a short period of time (usually less than 12 months).

To access temporary support candidates must complete the Temporary Disability Examination Support application form (Appendix 3, pages 15 -17) and provide recent medical documentation that covers the period of the examination.

Please contact [dsexams@lawsociety.ie](mailto:dsexams@lawsociety.ie) if you have a temporary disability request.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Candidate Details | | | |
| First Name |  | | |
| Last Name |  | | |
| ID No  (if known) |  |  |  |
| Date of Birth |  |  |  |
| Telephone |  | | |
| Email |  | | |
|  | | | |
| 2. Examination Sitting | | | |

Examination Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(FE-1/Preliminary/QLTT)*

Examination Sitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*month and year*)

Please list the examination subject(s) you are applying to sit.

|  |  |
| --- | --- |
| Name of Examination Subject | Date of Exam |
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| 3. Nature of Disability | | | |

# What is the nature of your disability?

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| --- |
|  |

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| --- |
| 4. Reasonable Accommodations (please see Appendix 4, pages 18-21) |

Please tick the accommodations that would be most suitable for you:

|  |  |
| --- | --- |
| Additional Time |  |
| Reader/Scribe[[2]](#footnote-2) |  |
| Recorded Examination |  |
| Use of Assistive Technology or Software |  |
| Alternate Exam Location |  |
| Rest Break |  |
| Other (please provide details below) |  |
|  |  |
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| --- |
| 5. Personal Emergency Evacuation Plan (PEEP) |

The Law Society has a legal responsibility to protect you from fire risks and to ensure your health and safety whilst on premises. Where the evacuation procedures already in place do not cater for people with a disability, who may require specific support in case of an evacuation, a Personal Emergency Evacuation Plan (PEEP) will need to be developed.

Anyone who could have difficulty following the normal evacuation plan for a building could potentially need a PEEP. If you think you may need assistance during an emergency and/or require information about our emergency evacuation procedures, please indicate by ticking the box below.

|  |
| --- |
| **Please detail below the supports you might need.** |

The information you provide will be reviewed and we will be in contact with you to discuss the development of an appropriate plan.

|  |
| --- |
| 6. Consent to Release Information |

I consent to the Examinations Disability Support Manager adding information relating to the nature of my disability and Reasonable Accommodations to my candidate record.

I consent to the Examinations Disability Support Manager passing on the following information to the departments outlined below for the purpose of providing me with Reasonable Accommodations: Please tick.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Department** | ***Type of Disclosure*** |
|  |  | Relevant Examinations Staff | Name, Candidate ID Number and details of exam accommodations. |
|  |  | Invigilators | Name, Candidate and ID Number and exam accommodations. |
|  |  | Facilities / Health & Safety Officer | Name, applicant number and Personal Emergency Evacuation Plan (PEEP) where necessary. |
|  |  | Online Examination Provider (if relevant) | Name, Candidate and ID Number and exam accommodations. |

***Non-disclosure of information****: Please note that if you have ticked* ***‘No’*** *in any of the boxes in the table above, you may not be able to receive those Reasonable Accommodations that require disclosure of information.*

I have read and understood the above and I request Reasonable Accommodations from the Law Society on account of my disability.

I understand that I can request a review of these accommodations at any time (with reasonable notice) and it is my responsibility to alert the Examinations Disability Support Manager of any changes to accommodations required.

**Signed:** **Dated:**

Please return the completed application form and supporting documentation to:

[dsexams@lawsociety.ie](mailto:dsexams@lawsociety.ie) or post to:

Examinations Manager

Law Society of Ireland (Wood Lane)

Blackhall Place

Dublin 7

|  |  |  |
| --- | --- | --- |
| Appendix 1 - Guide to providing evidence of your disability. | | |
|  | | |
|  | | |
| **Type of Disability** | **Type of Documentation** | **Appropriate Professional** |
| Attention Deficit Disorder (ADD) /Attention Deficit Hyperactivity Disorder (ADHD) | Evidence of Disability Form  **OR**  Existing report | Consultant Psychiatrist **OR** Psychologist  **OR** Neurologist **OR** Paediatrician. |
| Autistic Spectrum Disorder (including Asperger’s Syndrome) | Evidence of Disability Form  **OR**  Existing report | Consultant Psychiatrist **OR** Psychologist  **OR** Neurologist **OR** Paediatrician. |
| Blind/Visual Impairment | Evidence of Disability Form  **OR**  Existing report  N.B. Evidence from high street retailers not acceptable. | Ophthalmologist **OR** Ophthalmic Surgeon  **OR**  Letter from the National Council for the Blind confirming registration with the council.  **OR**  If a student has attended a school for the Blind, a letter on headed notepaper signed by the principal which confirms attendance at the school.  In the case of an Ophthalmologist/Ophthalmic Surgeon the evidence of disability should provide a diagnosis of severe reduction in vision that cannot be corrected with standard glasses or contact lenses, thereby reducing the person's ability to function at certain or all tasks. The diagnosis of a reduction in vision must be in relation to Best Corrected Visual Acuity or Field of Vision. |

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| Appendix 1 - Guide to providing evidence of your disability. | | |
| **Type of Disability** | | **Type of Documentation** | **Appropriate Professional** |
| Deaf/Hard of Hearing | | Evidence of Disability Form  **OR**  Existing report  **N.B.** Evidence from high street retailers not acceptable. | An audiogram from a professionally qualified Audiologist and/or ENT Consultant, with signature, clearly indicating moderate to profound bilateral hearing loss (i.e. above 40dB).  **OR**  If a student has attended a school for the Deaf, a letter on headed notepaper signed by the principal which confirms attendance at the school. |
| Developmental Co- ordination Disorder (DCD)/  Dyspraxia/ Dysgraphia | | Full diagnostic report | Psychologist **OR**  Occupational Therapist  **OR** Neurologist  **OR**  Paediatrician |
| Mental Health Condition | | Evidence of Disability Form completed **no more than 5 years** before point of Needs Assessment.  **OR**  Existing report which must be **no older than 5 years** at point of Needs Assessment. | Consultant Psychiatrist OR  Specialist Registrar |
| Neurological Condition (incl. Epilepsy and Brain Injury) | | Evidence of Disability Form  **OR**  Existing report | Neurologist  **OR**  Other relevant Consultant |
| Physical disability | | Evidence of Disability Form  **OR**  Existing report | Orthopaedic Consultant  **OR**  Other relevant consultant appropriate to the disability/ condition |

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| --- | --- | --- | --- |
| Appendix 1 - Guide to providing evidence of your disability. | | | |
|  |  |  |
| **Type of Disability** | **Type of Documentation** | **Appropriate Professional** |
| Significant ongoing illness | Evidence of Disability Form **no more than 5**  **years** before point of Needs Assessment.  **OR**  Existing report which must be **no older than 5 years** at point of Needs Assessment. | **Diabetes Type 1:** Endocrinologist **OR**  Paediatrician  **Cystic Fibrosis (CF):** Consultant Respiratory Physician  **OR**  Paediatrician  **Gastroenterology Conditions:**  Gastroenterologist  **Other Conditions:**  Relevant Consultant or Consultant Registrar in area of condition |
| Speech and Language Communication Disorder | Evidence of Disability Form  **OR**  Existing report | Speech and Language Therapist |
| Specific Learning Difficulty (incl.  Dyslexia & Dyscalculia) | A full Psychological Assessment Report which contains relevant attainment scores and clearly diagnoses a Specific Learning Difficulty. | ***Psychologist***  **OR**  ***An assessor who is accredited by PATOSS.*** |

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| Appendix 2 – Evidence of Disability Form |

## Instructions for Completion

A relevant Medical Consultant/Specialist who has the training and experience with the condition/disability must complete this form. Please see Appendix 1 for the appropriate medical professional for your disability.

**OR**

Another health professional who either has a diagnosis on file from a consultant or specialist or can confirm that they are treating you for the disability described on the form.

This form must be stamped and signed.

**Please complete ALL sections below in TYPE or BLOCK capitals:**

|  |
| --- |
| 1. Candidate Details |

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Date of Birth** |  |
| **Telephone** |  |
| **Email** |  |

|  |
| --- |
| 2. Qualified Health Professional/Specialist |

|  |  |
| --- | --- |
| **Title, Name** |  |
| **Position/Professional Credentials** |  |
| **Telephone Number** |  |
| **Date of Report** |  |

**If you are a GP or other health professional (not a Consultant or Specialist), please tick the relevant box below:**

I have a diagnosis on file from the appropriate consultant/specialist named above:

**N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.**

**OR**

I can confirm that I am treating this person for the disability described on the form e.g. depression/acute anxiety:

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| --- |
| **3. DISABILITY INFORMATION (to be completed by health professional)** |

**Disability type (please tick)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADD/ADHD** |  | **Autism Spectrum Disorder** | |  | | **Blind/Visual Impairment** | |  | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |
| **Deaf/Heard of Hearing** |  | **Dyspraxia** | |  | | **Mental Health Condition** | |  | |
|  |  |  | |  | |  | |  | |
|  |  | |  | |  | |  | |
| **Neurological Condition** |  | **Physical Disability** | |  | | **Significant Ongoing Illness** | |  | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |
| **Speech and Language** |  | **Specific Learning Difficulty** | |  | | **Communication Disorder** | |  | |
|  |  |  | |  | |  | |  | |
| **Other** |  |  | |  | |  | |  | |

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| **Please state the specific name of the disability.** |

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| --- | --- |
| |  | | --- | | **4. What recommendations would you make for Reasonable Accommodations?** | |

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|  |

**Signature of completing specialist/health professional,**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Date** |  |
| **IMC Number**  **(GP Only)** |  |

|  |  |
| --- | --- |
| **Official Stamp:** This form must be completed and signed by an appropriate professional. In addition, it should be stamped or where there is no stamp available, it should be accompanied by a business card or headed pape**r.** |  |

# appendix 3 – Reasonable Accommodations

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Candidate Details | | | |
| First Name |  | | |
| Last Name |  | | |
| ID No  (if known) |  |  |  |
| Date of Birth |  |  |  |
| Telephone |  | | |
| Email |  | | |
|  | | | |
| 2. Examination Sitting | | | |

Examination Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(FE-1/Preliminary/QLTT)*

Examination Sitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*month and year*)

Please list the examination subject(s) you are applying to sit.

|  |  |
| --- | --- |
| Name of Examination Subject | Date of Exam |
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|  |  |
|  |  |
|  |  |
| 3. What is the reason for your request? | |

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| --- |
| 4. What supports are you requesting? |

Please tick the accommodations that would be most suitable for you:

|  |  |
| --- | --- |
| Additional Time |  |
| Reader/Scribe[[3]](#footnote-3) |  |
| Recorded Examination |  |
| Use of Assistive Technology or Software |  |
| Alternate Exam Location |  |
| Rest Break |  |
| Other (please provide details below) |  |
|  |  |
|  |  |
| 5. Required Medical Documentation | |

Candidates must supply **recent** medical documentation that **must cover the examination period.**

Medical documentation must meet the following requirements:

* It must confirm a specific diagnosis of an injury or a temporary condition.
* It must be from a GP or other health professional e.g., hospital consultant, counsellor etc.
* It must be signed and stamped.
* It must be on headed paper.
* It must contain your name and details.
* It must be dated.

All relevant letters/reports should be attached to the application form.

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| Appendix 4 – Reasonable Accommodations |

**Reasonable Accommodation as per The Equal Status Act 2000**: A Reasonable Accommodation is any action that helps to alleviate a substantial disadvantage due to a disability.

Accommodations are defined as standard or non-standard Reasonable Accommodations.

**A standard Reasonable Accommodation** is defined as an amendment to the candidate’s examination which enables them to participate fully in the examination.

**A non-standard Reasonable Accommodation** occurs when the Law Society may need to consider providing alternative non-standard accommodations where standard Reasonable Accommodations are not sufficient to meet the needs of the candidate.

**Standard Reasonable Accommodations for Examinations**

* Extra time to complete each examination paper.
* Alternative Venue for Exams: for medical reasons a candidate may require an alternative venue for examinations.
* Dictation to a scribe: (someone to whom you dictate your examination answers).
* A Reader: will read and re-read part or all of the examination paper as well as any part of the candidate's text as requested.
* Spelling and grammar waiver: this is given by the examiner to accommodate for the educational disadvantages experienced by candidates with a specific learning disability resulting in poor grammar and spelling.
* Separate examination rooms and invigilators: this facility may be useful if the candidate is using assistive technology, or is using an educational support worker (PA) or sign language interpreter.
* Use of a Computer and Assistive Technology in Exams: The candidate may be allowed to complete their exam on a computer with the aid of assistive software.

# ix

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| Appendix 4 – Reasonable Accommodations |

# 3 – Reasonable Accommodations

**Additional Time**

In the case of applications for additional time please note that a medical consultant or specialist letter is required (see Appendix 1) and a GP or other medical letter will not suffice.

An additional allowance of 10 minutes per hour of an examination may be granted in the following situations:

* Where the average speed of communication and/or reading of the candidate is below that of candidates without disability.
* Where a candidate’s communication is affected because they tire easily, or have limited strength or flexibility.
* Where disability worsens due to stress and /or environmental variations (e.g. psychological/psychiatric conditions, epilepsy, arthritis).
* Where candidates experience pain and/or muscular spasm.

**Dictation to a Scribe**

A scribe may be assigned to participants to type answers dictated by a candidate. Please note participants using a scribe will be recorded to allow examiners to check material presented. A separate examination room is provided when this accommodation is used. Scribes will only be granted for candidates who cannot use a computer due to the nature of their disability. It is the responsibility of the candidate to have had adequate practice in the use of a scribe. A practice session is strongly recommended and can be arranged by special appointment if required by the candidate.

**A Scribe:**

* Shall not provide any factual help or offer suggestions to a candidate;
* Shall not advise the candidate on how to organise responses.

**Readers**

A reader will read and re-read the entire, or part of the examination paper, as well as any part of the candidate’s text, as requested. Sometimes a candidate may need a reader and a scribe. In such instances the same person may act as both. The reader will be able to read accurately the examination paper at a reasonable rate. It is the responsibility of the candidate to have had

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| Appendix 4 – Reasonable Accommodations |

adequate practice in the use of a reader. A practice session is strongly recommended and can be arranged by special appointment if required by the candidate. If a reader is not the primary means by which a candidate is accessing an examination paper (e.g. if it is being provided electronically or in Braille), then it may be possible for the invigilator to read the paper or parts thereof to the candidate.

**A Reader:**

* Shall not provide factual help or offer suggestions to a candidate.
* Shall not advise the candidate on how to organise responses.

**Use of Technological Aids**

Participants may be granted permission to use voice-recorders, personal computers/laptops and/or relevant software, as appropriate.

**Presentation of Examination papers**

The following alternative presentations are allowable and the Law Society will endeavour to provide them on request:

* On coloured paper.
* Enlarged to A3.
* Audio versions.
* Sign-language interpreters.
* Braille.
* Speech synthesiser.
* Readers.

**Alternate Exam Location**

Candidates may be facilitated to undertake examinations in an alternate setting. Only in exceptional circumstances should a candidate have a separate and individual venue.

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| Appendix 4 – Reasonable Accommodations |

**Notification of Disability to Examiner**

# The Law Society may notify examiners of your disability at your request. All examination papers are marked anonymously and the candidate’s identity will never be disclosed to examiners. When marking scripts from participants with Specific Learning Difficulties (SLDs), examiners are advised to follow marking guidelines as detailed in Appendix 5 (page 22).

The Law Society has a right to deny a request for accommodation and/or auxiliary aid if the documentation does not identify a specific disability and/or functional limitation, if it fails to verify the need for the requested services or if it is not provided in a timely manner. The Law Society can refuse to provide an accommodation and/or auxiliary aid that is inappropriate or unreasonable, including any that: pose a direct threat to the health or safety or others, constitute a substantial change or alteration to an essential element of an examination, or pose undue financial or administrative hardship on the Law Society.

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| Appendix 5 – Procedures for Examiners Marking Scripts from Candidates with Specific Learning Difficulties (SLDs) |

1. When marking the examination script of a student with a SLD, the following Marking Guidelines should be taken into consideration:
2. First, read the script quickly to judge the student’s underlying understanding of the topic; then assess their performance against the learning outcomes. If the script contains all the required elements but does not introduce them in a clear logical order, avoid penalizing the student for a lack of structure in their writing unless this is a stipulated competency being assessed.
3. Errors in spelling do not mean that the student is confused about the meaning of the word or its function in their writing. Generally, such errors do not lead to ambiguity and should not be penalised when subject knowledge is being assessed.
4. Lexical errors, such as coarse for course, do not mean that the student is confused about the meaning of the words. This kind of error should not be penalised unless it leads to ambiguity.
5. Grammatical errors, like incorrect tense endings, lack of subject – verb agreement and incorrect word order may not affect the meaning of the sentence. This kind of error should not be penalised unless it leads to ambiguity.
6. Punctuation may not be used as a tool for clarifying meaning. Scripts may contain long sentences that are difficult to follow with indiscriminate punctuation or no punctuation at all. Very short sentences or fragments of sentences might also be produced. This kind of error should not be penalised unless it leads to ambiguity.
7. Some participants may have restricted vocabulary and use a far more limited range of words. Avoid penalising participants who may have an immature style of writing, unless written communication is a specified learning outcome.
8. In all subjects, if the surface errors or structural flaws make the student’s work so ambiguous that it is impossible to decipher the meaning, then this diminishes his/her ability to demonstrate the module’s learning outcomes and this would be reflected in the marks awarded.

*Adapted from Guidelines for Marking the Work of Participants with Specific Learning Difficulties (University of Central Lancashire).*

1. A student is disabled in this context if he/she requires a facility which is outside of the mainstream provision of the Law School in order to participate fully in course/exams and without which the student would be educationally disadvantaged in comparison with their peers. Adapted from DAWN (Disability Advisors Working Network) Policy and Practice on Assessment and Examination Accommodations for Learners with Disabilities, June 2008. [↑](#footnote-ref-1)
2. If you intend to avail of the services of a Reader/ Scribe, a practice session is strongly recommended and can be arranged by special appointment, if required by the candidate. [↑](#footnote-ref-2)
3. If you intend to avail of the services of a Reader/ Scribe, a practice session is strongly recommended and can be arranged by special appointment, if required by the candidate. [↑](#footnote-ref-3)