

## EXAMINATION ADMINISTRATION

### **Form B: Health Care Professional Recommendation for Licensing Examination Accommodation (Form B)**

All candidates registered in the Law Society of Ontario's lawyer and paralegal licensing processes are required to successfully complete the applicable licensing examination(s) in order to be eligible to become licensed as a lawyer or paralegal in Ontario. A detailed description of the format and length of the licensing examinations can be found below. The licensing examinations are designed to assess whether a given candidate for licensure demonstrates the minimum level of competence required of an entry-level paralegal or lawyer.

Candidates may request accommodation for a licensing examination based on a ground listed in the *Human Rights Code*, R.S.O. 1990, c. H.19. To request an accommodation based on a disability, a candidate must complete and submit a request for accommodation (FORM A) and, using this FORM B, provide supporting medical documentation from a regulated health care professional licensed to diagnose the disability.

PLEASE NOTE: Candidates are required to provide medical confirmation that the disability exists and information that will assist the Law Society in ensuring an appropriate accommodation. Candidates may voluntarily provide more detailed information about their disability, including a specific diagnosis, if they feel comfortable doing so. The Law Society uses the information solely for the purpose of addressing the accommodation request and reasonably related matters. In the absence of the candidate's consent, the Law Society does not disclose the information to those who do not reasonably require access to the information.

#### **Information for candidates:**

Provide this FORM B to a regulated health care professional who is licensed to diagnose the disability for which you are requesting accommodation. The professional must have made, or be able to confirm, the diagnosis of the disability for which you are requesting accommodation.

Please be sure to sign this FORM B where indicated below, which gives your health care professional permission to provide the supporting information requested [and any more detailed information (e.g., a diagnosis) at your option].

The health care professional completing Form B should submit Form B with any supporting documentation **directly to the Law Society** by scanning it and attaching any appendices to **one** email message and sending it to [examinationaccommodation@lso.ca](mailto:examinationaccommodation@lso.ca). The email subject line should read: "Form B, Candidate Last Name, Candidate First Name, Law Society ID Number."

## To be completed by the candidate:

Release of Information:

Candidate Name:

Candidate Number:

I, the candidate referenced above (Candidate), hereby authorize the health care professional named below to share information concerning the functional impact of my disability(ies) with the Law Society of Ontario (Law Society) for the purpose of addressing my accommodation request.

Consent to disclosure of diagnosis to Law Society:

I consent to my diagnosis being identified on this Form B.

I do NOT consent to my diagnosis being identified on this form.

Candidate Signature:

Date:

By typing Candidate's signature into the field above, Candidate agrees that Candidate is signing this form electronically and that Candidate's electronic signature is the legal equivalent of Candidate's manual signature on this form.

## Information for health care professionals:

The above-named Candidate has requested accommodation for a Law Society licensing examination based on disability. In order to address the Candidate's request, the Law Society requires supporting medical documentation from a regulated health care professional licensed to diagnose the disability for which accommodation is being requested.

You must have made, or be able to confirm, the diagnosis of the disability for which the Candidate is requesting accommodation.

The goal of the accommodation is to create an equitable examination by ensuring that licensing candidates are not effectively barred from qualifying for legal or paralegal practice because of one or more *Human Rights Code* grounds.

Your input will be essential in determining appropriate examination accommodations for the Candidate.

Please be sure the Candidate has signed above. You must answer the questions below, attaching appendices where additional space is necessary. Once completed, submit Form B and any appendices **directly to the Law Society** by scanning them and attaching them to **one** email message and sending the email to [examinationaccommodation@lso.ca](mailto:examinationaccommodation@lso.ca). The email subject line should read: "Form B, Candidate Last Name, Candidate First Name, Law Society ID Number."

Please ensure that your responses are LEGIBLE.

**To be completed by the regulated health care professional:**

**Health Care Professional Information**

Name:

Profession:

Name of Regulatory Body

Licence Number

Office/Organization:

Mailing Address:

Street/Apt No.

City

Province

Postal Code

Daytime Phone:

Can detailed messages be left? Yes No

Email Address:

**Health Care Professional Qualifications**

In this section, please describe your professional qualifications. Please provide information about (a) your area(s) of practice, (b) any specialties, and (c) any experience you have assessing and/or recommending accommodations for test-takers.

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**Description of the Licensing Examinations**

Paralegal licensing candidates write the paralegal licensing examination. Lawyer licensing candidates write two examinations: the barrister licensing examination and the solicitor licensing examination. The licensing examinations test competencies required for entry-level practice, with a focus on those competencies that have the most direct impact on the protection of the public and on effective and ethical practice. The questions assess the following levels of cognitive ability: knowledge/comprehension, application, and critical thinking.

The licensing examinations are self-study: candidates are provided with the study materials, which support all competencies on the licensing examinations. For the period between July 2020 and March 2021, and possibly beyond, each licensing examination will be 4 hours in length, comprising two parts of 2 hours each, with a 30-minute break in between.

Each licensing examination is online and consists solely of multiple-choice questions. The examination is delivered through a secure, browser-based platform that locks the computer down to prevent candidates from accessing anything other than the licensing examination. Proctoring is remote and is performed via webcam and cellphone.

Each question is presented individually on the computer screen, with four possible answer choices. Candidates select their answer by clicking on the button next to their choice with a computer mouse. Candidates then click the "Next" button to move to the next question. Candidates may 'bookmark' or 'flag' questions to which they wish to return. The examination is best viewed using one of the three available font sizes. Candidates may zoom in and out using their mouse, which will result in a scroll bar being used to navigate within the question.

Candidates are permitted to refer to printed study materials while writing the licensing examination. Candidates are not permitted to make marks/take notes on any paper other than permitted scrap paper or an online note-taking function. Candidates will generally take the online examination in their own residence.

For further information on the functionality of the licensing examination, please refer to the [sample licensing examination](#).

## Confirmation of Grounds for Accommodation

In this section, please confirm that the above-named Candidate is affected by a disability, medical condition, pregnancy-related need, or maternity-related need and describe the functional limitations associated with the disability or condition that impact the Candidate's ability to write the licensing examination(s) under standard testing conditions as outlined above.

How long has the Candidate been in your care?

1. When was the Candidate diagnosed with this condition?
2. Did you diagnose this condition?    Yes            No
3. If you did not diagnose this condition, did you confirm this condition? (leave blank if answer above is yes)    Yes    No
  - Did you diagnose or confirm this diagnosis using (select all that apply)
    - i. one or more specific medical tests?    Yes    No
    - ii. medical observation?                    Yes    No
    - iii. self-report?                              Yes    No
    - iv. another method/other methods? (please list)

- Please describe the functional limitations associated with the Candidate's disability and explain how they impact the Candidate's ability to complete the licensing examination under standard testing conditions as outlined above?

## Recommended Accommodation(s)

In this section, please describe any accommodation(s) you are recommending, as well as any alternative accommodations that may be considered within the specific format of the licensing examinations (as outlined above) and explain how these measures will address the functional limitations associated with the Candidate's disability.

All recommended accommodations should be as specific as possible and must take into account the format of the licensing examinations. For example, if you are recommending licensing examination materials in an alternative format, specify the recommended type of alternative format.

If you are recommending **additional writing time** to complete a licensing examination, please provide both:

- The exact amount of additional time recommended, using minutes and hours (**no accommodation of unlimited time will be granted**); and
- a measurable basis for how you arrived at the specific amount of extra time recommended (i.e., please provide a rationale connecting the Candidate's underlying condition to the amount of additional writing time recommended).

PLEASE NOTE: If you are recommending additional writing time to complete a licensing examination due to a cognitive condition (e.g., learning disabilities, ADHD), the Candidate must provide a copy of the Candidate's most recent psychological and/or psycho-educational assessment report to support your recommendation. A psychological and/or psycho-educational assessment report is required to identify issues impacting the Candidate's development and functioning, the severity of the condition, and current treatment. This report must:

- explain how the Candidate is impacted by the disability;
- explain how the Candidate's functional limitations are caused by the diagnosed impairment; and
- provide a measurable basis connecting the condition to the amount of additional writing time recommended.

## Health Care Professional Confirmation and Signature

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

**Signature**

**Date**

**By typing your name into the signature field you agree that you are signing this form electronically and that your electronic signature is the legal equivalent of your manual signature on this form.**

MEDICAL STAMP
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This form and any appendices must be submitted by the health care professional who signed above **directly to the Law Society**. Please scan and attach the form with any appendices to one email message and send to [examinationaccommodation@lso.ca](mailto:examinationaccommodation@lso.ca). The email subject line should read: "Form B, Candidate Last Name, Candidate First Name, Law Society ID Number."