



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

Candidate first name:

Candidate last name:

Candidate number:

Candidate consents (required)

I, the candidate named above (Candidate), consent to the following:

the health care professional named below may share information related to my accommodation request with the Law Society of Ontario (Law Society);

the health care professional named below will send this Form B and any supporting documentation directly to the Law Society; and

the Law Society may contact the health care professional named below to clarify any information provided in this Form B or its supporting documentation, and the health care professional named below may share information in response to the Law Society's request for clarification.

Please select one of the following:

I consent to my diagnosis being identified on this Form B or its supporting documentation.

I do NOT consent to my diagnosis being identified on this Form B or its supporting documentation.

The above consents may be rescinded or amended in writing at any time, but such rescission or amendment does not have retroactive effect and does not affect the Law Society's ability to use the information if necessary to meet its duties. I am aware that in the event of such rescission or amendment, the Law Society may be unable to provide an accommodation or the requested accommodation.

Candidate first name:

Candidate last name:

Candidate signature:

Date:

MM DD, YYYY

If I have typed my signature into the field above, I agree that I am signing this form electronically and that my electronic signature is the legal equivalent of my manual signature on this form.

Information for candidates and health care professionals

Candidates may request accommodation for a Law Society licensing examination based on a ground listed in the *Human Rights Code*, R.S.O. 1990, c. H.19 (*Code*).

Candidates requesting accommodation on the basis of **disability** (including an illness, an injury, or a medical condition) or a **pregnancy- or maternity-related need** (together, Maternal Need) must provide this Form B, completed by a regulated health care professional, and medical information reasonably necessary to ensuring the appropriate accommodation. Candidates are not required to disclose their specific diagnosis, but candidates may voluntarily provide their diagnosis (or authorize their health care professional to provide it).

Where the accommodation request is based on a **disability**, the health care professional completing Form B must be licensed to diagnose the disability and must have made or confirmed the diagnosis of the disability. Where the accommodation request is based on a **Maternal Need**, the health care professional completing Form B must be licensed to diagnose conditions and needs related to pregnancy and maternity and must have confirmed the Maternal Need.

Where additional writing time to complete a licensing examination is being requested due to a **cognitive** disability (e.g., learning disability, ADHD), a **psychological or psycho-educational assessment report (Report)** must be provided (see below).

Information is maintained in a manner consistent with the Law Society's regulatory mandate, and limited information may be shared with third parties (e.g., proctoring service providers) as needed in order to address the accommodation request.

Detailed information for health care professionals

All candidates registered in the Law Society'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. The licensing examination(s) are designed to assess whether a candidate possesses the minimum level of competence required of an entry-level lawyer or paralegal.

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

Before completing this Form B, the health care professional should ensure that the Candidate has signed above and should note whether the Candidate has authorized disclosure of the Candidate's diagnosis.

Description of the licensing examinations

Lawyer licensing candidates write two licensing examinations: the barrister licensing examination and the solicitor licensing examination. Paralegal licensing candidates write the paralegal licensing examination.

The licensing examinations test competencies required for entry-level practice, with a focus on those competencies most central to the protection of the public. The questions assess candidates' knowledge and comprehension, ability to apply concepts to concrete situations, and critical thinking skills. The licensing examinations are self-study and open-book. During the licensing examinations, candidates may refer to study materials provided by the Law Society or other materials, notes, etc.

Each licensing examination is 4 hours and 30 minutes in length. Each licensing examination is paper-based and consists solely of multiple-choice questions. The licensing examination is delivered in person. Candidates select their answer by bubbling in a circle on a Scantron answer sheet using a pencil. No other writing is required, other than to input one's name, signature, ID number, etc. on the Scantron answer sheet and on an envelope. A small number of licensing examination questions may involve non-complex mathematical calculations. A simple calculator is provided for this purpose.

Candidates are typically permitted 3 attempts at each licensing examination (a 4th attempt may be permitted in certain circumstances) and typically have approximately 3 years to successfully complete the licensing examination(s). The licensing examinations are typically offered 3 times each year.

Common reasons that documents are determined to be insufficient

Set out below are some common reasons that documents are determined to be insufficient.

Responses are not legible.

Responses are based primarily or exclusively on the opinion of other professionals or on self-reporting from the candidate.

The description of the candidate's functional limitations is unclear or lacks sufficient detail to permit an assessment of potential accommodation options, or the functional limitations cited are irrelevant in light of the nature of the licensing examination(s).

Extra time is requested, but

- the specific amount of extra time is not indicated;
- a measurable basis for the amount of extra time requested has not been provided (see below);
- a Report has not been provided where required (see below); or
- the content of the Report no longer appears to be accurate.

The recommended accommodation is not appropriate in light of the nature of the licensing examination(s), or it is not clear how the recommended accommodation will mitigate the candidate's functional limitations.

To be completed by the regulated health care professional

Contact information

First name:

Last name:

Profession:

Licence Number:

Name of regulatory body:

Office/Organization:

Full mailing address:

Daytime phone:

Can detailed messages be left? Yes No

Email address:

Qualifications

Please describe your professional qualifications, including

your area(s) of practice and any specialties; and
any experience you have assessing or recommending accommodations for test-takers.

Confirmation of grounds for accommodation

I confirm that the Candidate named on page 1 of this Form B has a disability or a Maternal Need that creates functional limitations that affect the Candidate's ability to write the licensing examination(s) under standard testing conditions as outlined above. Yes No

I confirm that I am licensed to diagnose the disability in question or, in the case of a Maternal Need, that I am licensed to diagnose conditions and needs related to pregnancy and maternity. Yes No

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How long has the Candidate been in your care?

When was the Candidate diagnosed with this disability or when did the Candidate begin to have the Maternal Need?

Did you diagnose the disability or confirm the Maternal Need? Yes No

If you did not diagnose the disability, did you confirm the diagnosis? Yes No N/A

Which of the following did you employ in making or confirming the diagnosis of the disability or confirming the Maternal Need? (Select all that apply.)

- | | | |
|--|-----|----|
| <input type="radio"/> one or more specific medical tests | Yes | No |
| <input type="radio"/> medical observation | Yes | No |
| <input type="radio"/> self-reporting by the Candidate | Yes | No |
| <input type="radio"/> another method/methods (please list below) | Yes | No |

If the accommodation request is based on a disability, what type of disability is it (select all that apply)?

Cognitive Psychological Physical N/A

Please describe the functional limitations associated with the Candidate's disability or Maternal Need.

Please explain how the functional limitations described above affect the Candidate's ability to write the licensing examination(s) under standard testing conditions as outlined above under "Description of the licensing examinations."

If the Candidate's request is based on a disability, please indicate whether the functional limitations associated with the disability are likely to change over time or with interventions (e.g., treatment, surgery, therapy, medication, assistive devices, experience).

Yes, may change

No, not expected to change

If yes, please provide details, such as the nature of any anticipated change and the likely timeline for it.

Accommodation(s) recommended

Please describe the accommodation(s) you are recommending, as well as any alternative accommodation(s) that might be considered, and explain in detail how these measures will address the functional limitations you have set out above.

All recommendations should be as specific as possible and should take into account the format of the licensing examination(s) as outlined above under “Description of the licensing examinations.” For example, if you are recommending the use of licensing examination materials in an alternative format, please specify the recommended type of alternative format.

If you are recommending **additional writing time** to complete a licensing examination, you must

- set out the **exact amount** of additional time recommended, in percentage form—e.g., “25% additional time” (no accommodation of unlimited time will be granted); and
- provide a **measurable basis** for how you arrived at the specific amount of extra time recommended.

If a Report is required (see below), the measurable basis should refer to specific details from the Report. The measurable basis will typically include most of the following:

- § details concerning relevant tasks that the Candidate can be expected to perform less quickly, less accurately, or not at all, as a result of the Candidate’s functional limitations (e.g., physically manipulating study materials; bubbling in answers on the answer sheet; reading the licensing examination or study materials; knowing and applying the law; thinking critically);
- § quantifiable information concerning the Candidate’s performance on such relevant tasks (e.g., how much less quickly or how much less accurately the Candidate is able to perform them);
- § an explanation of why the **specific** amount of extra time recommended is appropriate in light of the above quantifiable information; and
- § references to sources (e.g., academic articles or texts, medical tests performed) that support your recommendation.

Psychological or psychoeducational assessment report

If you are recommending **additional writing time** to complete a licensing examination due to a **cognitive disability** (e.g., learning disability, ADHD), a copy of a psychological or psycho-educational assessment report (Report) must be provided. The Report must be recent enough to reflect the Candidate's **current** functional limitations (e.g., Reports that are more than five years old may not be accurate indicators of a Candidate's current functional limitations). The Report must

- set out the Candidate's current relevant functional limitations; and
- detail how those functional limitations result from the disability.

Highly sensitive personal information that is not relevant to the accommodation request (e.g., detailed family history) may be redacted from the Report.

Health care professional confirmation and signature

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

I understand that this Form B may be used by the Law Society to develop an accommodation plan for the Candidate and may be disclosed to the Candidate or, with the Candidate's written consent, to a third party (such as another testing or regulatory body).

If I have any concerns with the above statements, I have explained them in an attached letter and have checked here:

Health care professional first name:

Last name:

Health care professional signature:

Date:

MMM DD, YYYY

If I have typed my name into the signature field, I agree that I am signing this form electronically and that my electronic signature is the legal equivalent of my manual signature on this form.

MEDICAL STAMP

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