

# MISSOURI BOARD OF LAW EXAMINERS

## FORM 1 - APPLICANT REQUEST FOR TEST ACCOMMODATIONS

**NOTICE TO APPLICANT:** This form is part of your request for test accommodations on the bar examination. This form and all other applicable forms and required documentation shall be submitted with your electronic Application for Bar Examination. If additional space is needed to respond to any item, please attach a separate page.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ NCBE #: \_\_\_\_\_

### I. YOUR DISABILITY STATUS

#### 1. Check the disability or disabilities for which you are requesting accommodations.

- Learning disability
- AD/HD
- Physical disability
- Visual impairment
- Hearing impairment
- Psychological disability
- Other (describe): \_\_\_\_\_

#### 2. Condition/Diagnosis for which accommodations are requested:

#### 3. List your age when first diagnosed. \_\_\_\_\_

**4. Are you currently being treated? \_\_\_\_\_**

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

**5. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."**

**6. Is the treatment or medication effective in controlling symptoms? \_\_\_\_\_**

If no, describe remaining symptoms and any side effects.

## II. ACCOMMODATIONS REQUESTED

FOR THE CURRENT BAR EXAM (CHECK ALL THAT APPLY)

Test Question Formats		Assistance	
<input type="checkbox"/>	Braille	<input type="checkbox"/>	Reader
<input type="checkbox"/>	Audio CD	<input type="checkbox"/>	Typist/Transcriber for MEE/MPT
<input type="checkbox"/>	Large print/18-point font	<input type="checkbox"/>	Scribe for MBE
<input type="checkbox"/>	Large print/24-point font		

<input type="checkbox"/>	<b>Extra Testing Time - Indicate below how much extra testing time is requested:</b>		
Test Portion	Standard Time	Extra Time Requested	
MPT	3 hours	_____	
MEE	3 hours	_____	
MBE (multiple choice)	3 hours each session (AM & PM)	_____	

**Extra breaks.** Describe the duration and frequency of the requested breaks.

**Other.**

For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination.

### III. HISTORY OF ACCOMMODATIONS

For questions 1 through 7 below, please follow these instructions (please note that multiple responses to an item may be appropriate):

If you were granted accommodations, check “Yes.” List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, each educational institution or testing agency that granted the accommodations, and the time frame.

If you did not request accommodations, check “Not requested.” Explain why you did not request accommodations.

If you were denied accommodations, in whole or in part, check “Denied.” List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, each educational institution or testing agency, and the reason given by the entity for the denial. Note: if your request for accommodations was granted in part and denied in part, you should check both “Yes” and “Denied.”

If you did not attend the type of school or take that exam, check “N/A.”

**1. Have you previously applied to take the Missouri Bar Examination and submitted a request for accommodations?**

Yes     No

If yes,

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:

**2. Did you receive accommodations for the bar examination taken in another jurisdiction?**

Yes    Not requested    Denied    N/A

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:

**3. Did you receive accommodations for the Multistate Professional Responsibility Examination (MPRE)?**

Yes    Not requested    Denied    N/A

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:

**4. Did you receive accommodations in law school?**

Yes    Not requested    Denied    N/A

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:

**5. Did you receive accommodations in college (undergraduate or graduate studies)?**

Yes    Not requested    Denied    N/A

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:

**6. Did you receive accommodations for any of the following standardized tests?**

- |      |                              |  |                                 |                              |
|------|------------------------------|--|---------------------------------|------------------------------|
| LSAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| MCAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GRE  | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GMAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| SAT  | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| ACT  | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |

Month/Year accommodations requested for each standardized test:

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by each testing entity for the denial:

Condition/Diagnosis for which accommodations requested for each testing entity:

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If not requested, explain why:

**7. Did you receive accommodations or disabled-student services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?**

Yes    Not requested    Denied    N/A

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:

**8. Did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or a 504 Plan?**

Yes    Not requested    Denied    N/A

Month/Year accommodations requested: \_\_\_\_\_

Specific accommodations requested: \_\_\_\_\_

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: \_\_\_\_\_

If not requested, explain why:



## **IV. SUPPORTING DOCUMENTATION**

Requests for accommodations must be supported by the following documentation from third parties, which you must provide with your completed Form 1: Applicant Request for Test Accommodations. **Review the General Instructions for Requesting Test Accommodations for detailed information on supporting documentation.**

### **Medical Documentation**

Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

### **Verification of Accommodations History**

Provide verifying documentation of your accommodations history. Submit a Form 7: Certification of Accommodations History completed by each educational institution or testing entity from which you requested accommodations in the past, whether granted or denied. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame and the nature of the disability for which any accommodations were granted or denied. See the General Instructions for Requesting Testing Accommodations, Step 2, for additional information.

### **Academic Transcripts and Standardized Testing Scores**

See MBLÉ's General Instructions for Requesting Test Accommodations, Step 3, if you are requesting accommodations based on AD/HD or a learning disability.

### **Additional Information**

If there is anything else you would like the Missouri Board of Law Examiners to know about your disability and need for accommodations, you may provide a personal narrative (below or as an attachment).

## APPLICANT CHECKLIST

Review and mark the appropriate lines to indicate the documents you are submitting to request accommodations. Submit this completed checklist with your request. **Review the General Instructions for Requesting Test Accommodations for additional information.**

**1. The applicable disability verification form with comprehensive evaluation report and/or relevant records attached**

- Form 2: Learning Disability Verification
- Form 3: Attention Deficit/Hyperactivity Disorder Verification
- Form 4: Psychological Disability Verification
- Form 5: Visual Disability Verification
- Form 6: Physical Disability Verification

**2. Form 7: Certification of Accommodations History completed by each entity from which you previously requested accommodations and/or a copy of notification letters**

- Not applicable (if you have never requested accommodations before)
- Bar exam agency in another jurisdiction
- MPRE
- Law school
- Undergraduate or graduate studies
- Standardized tests (LSAT, MCAT, GRE, GMAT, SAT, ACT)
- Individualized Education Plan (IEP) or 504 Plan
- High school, middle school and/or elementary school (other than IEP or 504 Plan)

**3. Academic Transcripts & Scores**

- Not applicable (if you do not have a learning disability or AD/HD)
- Law school transcript(s)
- Undergraduate transcript(s)
- LSAT score(s)
- MPRE score (if already taken)
- Other standardized exam scores (ACT, SAT, GRE, or other graduate entrance exams)
- [Optional] Elementary, middle, and high school transcripts

**4. Request Form**

- Completed and signed Form 1: Applicant Request for Test Accommodations
- [Optional] Personal narrative
- This completed checklist

**VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE**

**Complete the below affirmation by initialing:**

	Initial	The information I have provided in support of my request for test accommodations is true and complete.
	Initial	I understand that if the Missouri Board of Law Examiners determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Missouri Board of Law Examiners reserves the right to treat such conduct as a character and fitness issue.
	Initial	I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Missouri Board of Law Examiners, and I authorize such disclosure.
	Initial	I understand and agree my complete Request for Test Accommodations and all necessary documentation and information must be submitted with my electronic bar exam application to be considered for the current bar exam. Requests for accommodations which are not complete or not timely filed will be rejected. Extensions will not be granted and late requests will not be considered.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of individual on behalf of applicant  
(if applicant unable to sign)

\_\_\_\_\_  
Date signed