

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 should be filed at the same time as your Bar Application. 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. List your age when first diagnosed. _____

3. Are you currently being treated?

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

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

5. Is the treatment or medication effective in controlling symptoms?

If no, describe remaining symptoms and any side effects.

6. 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.

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

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

List each Educational Institution/Testing Agency:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

List each Educational Institution/Testing Agency:

Provide the reason given by the entity for the denial:

N/A

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

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

3. Did you receive accommodations in law school?

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

List each Educational Institution/Testing Agency:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

List each Educational Institution/Testing Agency:

Provide the reason given by the entity for the denial:

N/A

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

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

List each Educational Institution/Testing Agency:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

List each Educational Institution/Testing Agency:

Provide the reason given by the entity for the denial:

N/A

5. Did you receive accommodations for any of the following standardized tests:

LSAT

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

MCAT

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

GRE

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

GMAT

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

SAT

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

ACT

Yes

Conditional/Diagnosis: _____

List specific accommodations granted:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

Provide the reason given by the entity for the denial:

N/A

6. 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

Conditional/Diagnosis: _____

List specific accommodations granted:

List each Educational Institution/Testing Agency:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

List each Educational Institution/Testing Agency:

Provide the reason given by the entity for the denial:

N/A

7. 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

Conditional/Diagnosis: _____

List specific accommodations granted:

List each Educational Institution/Testing Agency:

Time frame: _____

Not requested

Explain why you did not request accommodations:

Denied

Month and Year Request Made: _____

Conditional/Diagnosis: _____

Accommodations Requested:

List each Educational Institution/Testing Agency:

Provide the reason given by the entity for the denial:

N/A

**III. ACCOMMODATIONS REQUESTED FOR THE EXAMINATION IN MISSOURI
(CHECK ALL THAT APPLY)**

Test question formats:

- Braille
- Audio CD
- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
 - Typist/Transcriber for MEE/MPT
 - Scribe for MBE
- Extra testing time. Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Extra Time Requested
MPT	3 hours	
MEE	3 hours	
MBE/Multiple-Choice	3 hours AM	
MBE/Multiple Choice	3 hours PM	

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

Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the arrangements.

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.

IV. SUPPORTING DOCUMENTATION

Requests for test 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 a detailed explanation of the supporting documentation you should submit.**

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, if any. Submit a Form 7: Certification of Accommodations History completed by each educational institution or testing agency (hereinafter "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 (e.g., third year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, it is recommended, though not required, that you provide copies of all IEPs or 504 Plans.

Academic Transcripts

Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the Missouri Board of Law Examiners in some cases.

V. APPLICANT CHECKLIST

Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting to request accommodations for the Bar Examination. Submit this completed checklist with your request. **Review carefully the General Instructions for Requesting Test Accommodations, particularly the section “Steps for Submitting a Complete Request.”**

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. A 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 examining 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 (other than IEP or 504 Plan)
- Elementary or middle school (other than IEP or 504 Plan)

3. Academic Transcripts (if applicable)

- Not applicable (if you do not have a learning disability or AD/HD)
- Law school transcript(s)
- LSAC Academic Summary Report
- Undergraduate transcripts(s)
- [Optional] Elementary, middle, and high school transcripts

4. Application form

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

I have completed and attached all the required forms and supporting documentation.

Applicant signature

Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

Signature of individual signing on behalf of applicant

Date signed

VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

____ 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 that all necessary documentation and information must be provided to the Missouri Board of Law Examiners by the final deadline of the examination for which accommodations are sought and that my request for test accommodations will not be considered if the deadline is missed.

Applicant signature

Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

Signature of individual signing on behalf of applicant

Date signed