

FORM 1: APPLICATION FOR NONSTANDARD 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 must be filed on or before the deadline of your application for admission. If additional space is needed to respond to any item, please attach a separate page.

Full name: _____

Date of birth: _____ NCBE #: _____

Address: _____

Phone number: _____ E-Mail address: _____

Law School (s) _____ Dates attended: _____

Date of examination you intend to take: _____

Have you previously taken the Massachusetts Bar Examination? Yes No

If yes, did you receive nonstandard test accommodations? Yes No

Are you taking the Multistate Bar Examination (MBE) in Massachusetts? Yes No

If no, where will you take the MBE? _____

Are you electing to participate in the Board's laptop program for the essay portion of the exam? Please note spelling and grammar are not graded on the examination, and spell check and grammar check will not be available for the exam. Yes No

Have you requested to sit at the alternate test location in Springfield? Yes No

Are you receiving or have you applied for Social Security Disability Benefits? (Provide supporting documentation.) Yes No

I. YOUR DISABILITY STATUS

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

Learning disability

Visual impairment

AD/HD

Hearing impairment

Physical disability Other

Psychological disability

(describe) _____

2. Specific Diagnosis: _____

List your age when first diagnosed: _____

3. Are you currently being treated? Yes No

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? Yes No N/A
If no, describe remaining symptoms and any side effects.

6. Personal Statement: Attach a personal narrative (include your name and your signature) describing when you first became impaired by your disability, when you were first diagnosed, how your disability impacts your daily life activities including your educational and testing functions, and how your disability affects your ability to take the bar examination under standard conditions.

II. HISTORY OF ACCOMMODATIONS

For questions 1 through 7 below, please follow these instructions:

If you were granted accommodations, check "Yes." List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the 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, the 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.”**

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

Yes Not requested Denied N/A

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

Yes Not requested Denied N/A

3. Did you receive accommodations in law school?

Yes Not requested Denied N/A

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

Yes Not requested Denied N/A

5. 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 Yes Not requested Denied N/A
SAT Yes Not requested Denied N/A
ACT Yes Not requested Denied 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 Not requested Denied 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 Not requested Denied N/A

III. ACCOMMODATIONS REQUESTED FOR THE MASSACHUSETTS BAR EXAMINATION (CHECK ALL THAT APPLY)

Test question formats:

- Braille
- Audio Version
- Microsoft Word document on data CD for use with screen-reading software (for essay sessions)
- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
- Scribe for MBE
- Typist/Transcriber for essay portion

Extra testing time. Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Extra Time Requested per 3-hour session (i.e. 30 extra minutes, one extra hour (60), time and a half (90))
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> Other (specify) _____
Essay	3 hours AM 3 hours PM	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> Other (specify) _____

Other arrangements. Bring your own aids (e.g., lamp, lumbar support, magnifying items, 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: Application for Nonstandard 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, please provide copies of all IEPs or 504 Plans.

Academic Transcripts

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

Standardized Test Scores

Attach copies of your standardized test scores including but not limited to score reports, SAT, LSAT, MPRE, GMAT, GRE.

V. APPLICANT CHECKLIST

Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting to request accommodations for the Massachusetts 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 Candidate Item Response Report

___ Undergraduate transcripts(s)

___ [Optional] Elementary, middle, and high school transcripts

4. Application form

___ Completed and signed Form 1: Application for Nonstandard Test Accommodations

___ Personal Statement

___ All forms submitted in duplicate

___ 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, accurate and complete.

____ Initial I understand that if the Board of Bar 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 Board of Bar Examiners reserves the right to treat such conduct as a character and fitness issue and I may jeopardize my examination results, admission to the bar of the Commonwealth of Massachusetts, my subsequent good standing as a member of the bar, and that I may be subjected to such penalties as provided by law.

____ Initial I understand that all necessary documentation and information must be provided to the Board of Bar Examiners with my Application for Nonstandard Test Accommodations by the deadline and that my request for test accommodations will not be considered if the deadline is missed.

____ Initial I understand that I must submit an original and a copy of my Application for Nonstandard Test Accommodations and all other applicable forms.

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

**VII. APPLICATION FOR NONSTANDARD TEST ACCOMMODATIONS
AUTHORIZATION AND RELEASE**

I, _____, authorize the Massachusetts Board of Bar Examiners to
(Name)

provide at the Board's discretion, a copy of any and all documents which I submit in connection with this Application for Nonstandard Test Accommodations to such persons and/or consultants as the Board may deem necessary to adequately evaluate my request for testing accommodations. I authorize such disclosure.

If further information regarding the documentation that I have provided is needed, I authorize the Board of Bar Examiners to contact the professional(s) who diagnosed and/or treated my disability. I further authorize such professionals to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

I authorize the Board to contact those entities which have provided me test accommodations or with whom I have a concurrent application for test accommodations pending for the purposes of ascertaining what accommodations have been or will be granted or denied. I further authorize such entities to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

I hereby release, discharge and exonerate the Board and/or its designee(s) and/or any persons to whom information may be provided pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

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