

FORM A: 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 must be filed at the same time as your application for admission. If additional space is needed to respond to any item, please attach a separate page. Do not leave any blanks or answer "see attached."

Full name: _____

Date of birth: _____

I. YOUR DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations, only disabilities noted here will be considered.

Learning disability

Visual impairment

ADHD

Hearing impairment

Physical disability

Psychological disability

Other (describe) _____

2. I was professionally diagnosed with _____ (*state specific diagnosis*) in _____ (*month*), _____ (*year*). This disability is temporary / permanent.

3. The diagnosis was made by: Health care provider: _____

Type of health care provider: _____

Current address: _____

Current City/State/Zip: _____

Current phone number: _____ Fax: _____

4. List your age when first diagnosed. _____

5. Are you currently being treated? Yes No

If yes, provide the name, qualifications, and telephone number of each treating professional.

6. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list “none.”

7. Is the treatment or medication effective in controlling symptoms? Yes No N/A
If no, describe remaining symptoms and any side effects.

II. HISTORY OF ACCOMMODATIONS

For questions 1 through 5 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.”

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 Not requested Denied N/A

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

Yes Not requested Denied Not applied yet Awaiting NCBE Decision

3. Did you receive accommodations in law school?

Yes Not requested Denied

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

Yes Not requested Denied

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	<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

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 TEXAS BAR EXAMINATION (CHECK ALL THAT APPLY)

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

Test question formats:	Specific Rationale:
<input type="checkbox"/> Braille	
<input type="checkbox"/> Audio CD	
<input type="checkbox"/> Large print/18-point font	
<input type="checkbox"/> Large print/24-point font	

Assistance:	Specific Rationale:
<input type="checkbox"/> Reader	
<input type="checkbox"/> Court Reporter/Scribe	
<input type="checkbox"/> MBE Grid Assistance	

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

Day 1, Segment 1: Multistate Performance Test (MPT) 90-minute writing project (lawyering skills) Recommend: ½ for reading/organizing, ½ for writing	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Day 1, Segment 2: Procedure & Evidence Questions (P&E) 90-minute short answer exam	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Day 2: Multistate Bar Examination (MBE) 200-question standardized test divided into two 3-hour sessions	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Day 3: Texas Essays 12 essay questions in 6 subject areas, divided into two 3-hour sessions	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

- Other arrangements (e.g., wheelchair access, elevated table, beverage, food, medication, lamp, magnifying glass, etc.). Describe the arrangements and provide a rationale for the request.

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 A: 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 G, Certification of Accommodations History, completed by each educational institution or testing agency 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., ADHD) 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 a copy of your LSAT Score Report. Attach copies of your undergraduate and law school transcripts only if you have a learning disability, ADHD or a cognitive disorder. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested 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 Texas Bar Examination. Submit this completed checklist with your request. **I have carefully reviewed 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 B: Physical Disability Verification

___ Form C: Learning Disability Verification

___ Form D: Attention Deficit Hyperactivity Disorder Verification

___ Form E: Visual Disability Verification

___ Form F: Psychological Disability Verification

2. Provide a Form G, Certification of Accommodations History, from each entity from which you previously requested accommodations and/or a copy of notification letters from such entity

___ 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: Required only if you have a learning disability, ADHD, or cognitive disorder

___ Not Required (if you do not have a learning disability, ADHD, or cognitive disorder)

___ Law school transcript(s)

___ LSAT Score Report

____ Undergraduate transcripts(s)

4. Application form

____ Completed and signed Form A: Applicant Request for Test Accommodations

____ 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. VERIFICATION

I declare under the penalty of perjury that all of the information provided in connection with my application for testing accommodations is true and correct. I understand that if the Texas 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 Texas Board of Law Examiners reserves the right to withhold or void my bar examination scores, treat such conduct as a character and fitness issue, or both.

I seek admission to the Texas Bar Examination upon completion of the law study requirement and other requirements imposed by the *Rules Governing Admission to the Bar of Texas*. Having read the *Rules Governing Admission to the Bar of Texas*, I am submitting my application for testing accommodations in the good faith belief that I am eligible for admission to the Texas Bar Examination and that I will make an honest effort to complete all parts of the examination. I understand that this application may result in the setting aside of resources, facilities, time and personnel to accommodate my disability or condition, and I agree to notify the Board of Law Examiners promptly if for any reason I decide to withdraw this application or withdraw from the exam. I understand that both my application for testing accommodations and all the supporting documentation required by the Board may be submitted to third party experts retained by the Texas Board of Law Examiners, and I authorize such communication.

I understand that all of the documentation specified as being required in this Application for Testing Accommodations is an integral part of the application. I acknowledge that I have been informed that my application for testing accommodations will not be considered unless all of the documentation is filed no later than the time I file my application to take the examination. I understand that if I am asked for information or documentation by the Board, I have a duty to provide the information or documentation by the date requested and if the information or documentation cannot be obtained in a timely manner my request for testing accommodations may be denied.

If testing accommodations are provided to me which include any deviation from the standard testing time schedule, I agree that from the time I begin the examination until I have completed the entire examination, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and that I will not communicate in any way with any such individuals about the contents of the examination.

I further declare that, having submitted the foregoing form(s) using the Board's web version, no revisions or alterations have been made to the text or questions contained therein; and that if revisions or alterations are made, it is understood by me that the form(s) may be rejected.

I understand that it is an offense to knowingly make a false entry in a government record. (see Texas Penal Code 37.10)

(Signature)

(Date)

