

**FORM E: VISUAL DISABILITY VERIFICATION**

**NOTICE TO APPLICANT:** This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending test accommodations on the bar examination for you on the basis of a visual disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. This form **MUST** be filed with Form A at the same time the Application for Admission is filed.

Applicant's full name: \_\_\_\_\_

Date(s) of evaluation/treatment: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ [SSN]: \_\_\_\_\_

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Texas Board of Law Examiners or consultant(s) of the Texas Board of Law Examiners.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Texas Bar Examination. All such requests must be supported by a comprehensive diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a visual disability. The Texas Board of Law Examiners requires the qualified professional to complete all questions on this form that pertain to the applicant's visual impairment. Reference specific tests or other objective data and clinical observations, and **attach copies of test results**, if relevant. We appreciate your assistance.

The Texas Board of Law Examiners may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below that pertain to the applicant's visual impairment. **Return this completed form and copies of relevant test results to the applicant for submission to the Texas Board of Law Examiners.**

**I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation and specialty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

License number/Certification/State: \_\_\_\_\_

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations. \_\_\_\_\_

\_\_\_\_\_

**II. DIAGNOSIS**

1. What is the applicant's current diagnosis? Include a statement as to whether the condition is stable or progressive.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please state the applicant's best corrected visual acuities for distance and near vision.

\_\_\_\_\_

\_\_\_\_\_

**III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY ADDRESS RELEVANT AREAS.**

1. Please describe the applicant's eye health (both external and internal evaluations).

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2. Visual Field: threshold field, not confrontation (provide measurements and copies of reports).

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3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

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4. Accommodative Skills: at near point, with and without lenses (provide measurements).

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5. Oculomotor Skills: saccades, pursuits, tracking.

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#### **IV. FUNCTIONAL LIMITATIONS**

Describe the functional impact, if any, of the applicant's visual condition on the applicant's reading ability.

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## V. ACCOMMODATIONS RECOMMENDED FOR THE TEXAS BAR EXAMINATION

As background for the specific inquiries we make concerning applicant's need for testing accommodations on the 2½ day Texas Bar Examination (TBE), we are providing you with the following description of the TBE, as well as the standard testing conditions under which it is administered.

- A. *Day One consists of one 3-hour testing session in the morning, during which the following two 90-minute test segments are administered. There is no afternoon testing session; examinees have this afternoon off.*
  1. *Multistate Performance Test: This 90-minute test on fundamental lawyering skills involves a writing project. Examinees are provided with a set of facts, a library of cases and/or statutes, and an assignment to perform a lawyerly task using the materials provided. **The official instructions advise the examinee to allocate half of this time for reading and organizing and half of it for actual writing of the project.** The answer booklet provided for the project contains 12 pages, each with 18 lines. Examinees do not typically fill the complete answer booklet.*
  2. *Procedure & Evidence Questions: This 90 minute test consists of 40-50 objective, short answer questions. Examinees must limit each answer to the five (5) lines provided after each question.*
- B. *Day Two consists of one 3-hour morning session and one 3-hour afternoon session, with a 1-1½ hour lunch break in between sessions. During each session, examinees are administered a 100-question multiple-choice examination which must be answered by "bubbling" in answers on a computer-graded grid sheet.*
- C. *Day Three also consists of one 3-hour morning session and one 3-hour afternoon session, with a 1-1½ hour lunch break in between sessions. During each session, examinees are administered an essay test consisting of six essay questions in various subject matters. During each session, the examinee is provided with six (6 page, 18 lines each) answer booklets, in each of which the examinee writes 1 essay.*
- D. *The typical physical testing environment consists of a large room in which 150 - 800 examinees are seated in assigned seats, two to a 6-8' table. Examinees are not allowed to have food or drink in the testing room; they are allowed to leave the room to go to the restroom or to the water fountain.*

**Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend? (CHECK ALL THAT APPLY)**

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 recommended and the rationale:

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

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

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

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

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

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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.

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**VI. PROFESSIONAL'S SIGNATURE AND VERIFICATION**

**I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form.**

If there is some ethical or professional reason that I cannot attach the required records to this **Form E** for return to the applicant, I hereby certify that I will mail the required records directly to the Texas Board of Law Examiners, directed to the attention of the Director of Examination & Eligibility, at the following address: P.O. Box 13486, Austin, Texas 78711-3486. **I understand that the applicant's request for testing accommodations will not be processed without these records.**

I understand that the applicant must file this completed Form E at the same time as the applicant files his/her application for admission to take the Texas Bar Examination, and that stringent deadlines apply to such filing.

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

**I understand that a representative or agent of the Texas Board of Law Examiners may contact me for clarification of my responses on this form.**

\_\_\_\_\_  
Signature of person completing this form

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number