

# DOC 1 - APPLICANT REQUEST FOR TEST ACCOMMODATIONS

## NOTICE TO APPLICANT:

This form is part of your request for test accommodations on the Oregon Bar examination. This form and all other applicable forms along with required documentation, must be completed and postmarked or received by the Board of Bar Examiners on or before the *timely* filing deadline of the exam the applicant wishes to take. Every question must be answered. Enter "N/A" if not applicable. Make sure you include your LSAT scores, and if applicable, include your MPRE scores. See General Information and Instructions for accommodation requests, found here: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Bar Exam Month/Year \_\_\_\_\_

### I. YOUR DISABILITY STATUS

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

<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Psychological Disability
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Other Physical Disability	<input type="checkbox"/>	AD/HD
<input type="checkbox"/>	Other (please describe) _____		

2. Who first diagnosed your disability? \_\_\_\_\_

What was the date of the initial diagnosis? \_\_\_\_\_

What was your age when diagnosed? \_\_\_\_\_

3. Are you currently being treated? ☐ yes ☐ no

If yes, provide the name, qualifications, and contact number of your current physician or treating professional.

\_\_\_\_\_

\_\_\_\_\_

4. What treatment and/or medication is currently prescribed?

\_\_\_\_\_

\_\_\_\_\_

5. Are you following treatment and/or taking medication as prescribed? ☐ yes ☐ no ☐ n/a

6. Is the medication and/or treatment effective in controlling symptoms? ☐ yes ☐ no ☐ n/a

If no, describe remaining symptoms.

\_\_\_\_\_

---

## II. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

1. In elementary school, did you receive disabled-student services, tutoring services, or test accommodations? ☐ yes ☐ no

If yes, provide the name and address of the school and attach any written documentation of accommodations granted and/or documentation of other services received.

---

---

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

---

---

2. In middle school or junior high school, did you receive disabled-student services, tutoring services, or test accommodations? ☐ yes ☐ no

If yes, provide the name and address of the school and attach any written documentation of accommodations granted and/or documentation of other services received.

---

---

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

---

---

3. In high school, did you receive disabled-student services, tutoring services, or test accommodations? ☐ yes ☐ no

If yes, provide the name and address of the school and attach any written documentation or accommodations granted and/or documentation of other services received.

---

---

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

---

4. In college or postgraduate school other than law school, did you receive disabled-student services, tutoring services, or test accommodations? ☐ yes ☐ no

If yes, provide the name and address of the school and attach any written documentation or accommodations granted and/or documentation of other services received. \_\_\_\_\_

---

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

---

5. Did you request test accommodations in law school? ☐ yes ☐ no

If yes, complete and attach the Law School Verification Form.

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

---

6. Did you request test accommodations on the LSAT? ☐ yes ☐ no

If yes, attach a copy of the letter you received from LSAC detailing the results of your request(s) for accommodations for each administration of the LSAT you took. **Even if you did not receive accommodations on the LSAT, you must provide an Academic Summary Report. You can obtain the report at LSAC.org. Click on “transcripts” then click on “Academic Summary Report” and print the report. If you have trouble obtaining the report, you may contact an LSAC representative at 215-968-1001.**

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Score(s): \_\_\_\_\_

7. Did you request test accommodations on the MPRE? ☐ yes ☐ no

If yes, attach a copy of the letter you received from MPRE detailing the results of your request(s) for accommodations for each administration of the MPRE you took.

What was your condition or diagnosis? \_\_\_\_\_

\_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Score(s): \_\_\_\_\_

8. Did you request accommodations for another jurisdictions bar examination, regardless of whether you took the examination? ☐ yes ☐ no

If yes, complete and attach the Statement of Jurisdiction Form.

Was your request for accommodations granted? ☐ yes ☐ no

What was your condition or diagnosis? \_\_\_\_\_

\_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Did you request test accommodations on the SAT, ACT or GRE? ☐yes ☐no

If yes, attach a copy of each letter you received from the testing organization detailing the results of your request(s) for accommodations for each administration of the SAT, ACT or GRE you took.

What was your condition or diagnosis? \_\_\_\_\_

What accommodations did you receive for your disability? \_\_\_\_\_

Score(s) (with or without accommodations) SAT: \_\_\_\_\_; ACT: \_\_\_\_\_; GRE: \_\_\_\_\_;

**III. ACCOMMODATIONS REQUESTED FOR THE OREGON BAR EXAMINATION  
(Check All That Apply)**

Formats:

- ☐ Braille version of examination  
☐ Audio version of examination  
☐ Large print – 18-point font  
☐ Large print / 24-point font

Assistance:

- ☐ Reader  
☐ Typist/Transcriber  
☐ Sign language interpreter  
☐ Extra testing time. Indicate below how much extra testing time is required:

Test Portion	Standard Time	Extra Time Requested
MPT/Performance (2 MPT's in session)	3 hours	<input type="radio"/> 10% <input type="radio"/> 25% <input type="radio"/> 20% <input type="radio"/> 50% <input type="radio"/> Other (specify) _____
Essays (6 essays in session)	3 hours	<input type="radio"/> 10% <input type="radio"/> 25% <input type="radio"/> 20% <input type="radio"/> 50% <input type="radio"/> Other (specify) _____
MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="radio"/> 10% <input type="radio"/> 25% <input type="radio"/> 20% <input type="radio"/> 50% <input type="radio"/> Other (specify) _____

☐ Extra breaks. How long and how often are breaks requested? \_\_\_\_\_

☐ Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

---

---

Attach a narrative description stating:

- The nature and extent of your disability or disabilities;
- How each disability affects you in your daily life; and
- Your rationale for each accommodation you have requested and the connection between the effects of your disability and the accommodations you have requested.

#### **IV. CHECKLIST FOR REQUESTING ACCOMMODATIONS (Check all that apply)**

##### **STEP 1. SUBMIT THE COMPLETE TEST ACCOMMODATIONS REQUEST PACKET. INCLUDE A COPY OF THIS CHECKLIST INDICATING EACH ITEM ENCLOSED.**

- Completed **Applicant Request for Test Accommodations Form**. All applicants seeking test accommodations must submit the Applicant Request for Test Accommodations Form. Include the following with your completed test accommodations packet:
- Narrative description of the nature and extent of your specific disability or disabilities, how each disability affects you in your daily life, and all accommodations you are requesting
- LSAC documentation (copy of letter(s) detailing results of request(s) for accommodations and Academic Summary Report)
- MPRE documentation (copy of letter(s) detailing results of request(s) for accommodations)

## **Treatment Provider Verification Forms (as applicable):**

### **\_\_\_\_\_ Learning Disability Verification Form**

- Complete the top portion of the Learning Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.
- Submit copies of the following documents:
  - \_\_\_\_\_ your high school transcript
  - \_\_\_\_\_ your undergraduate transcript
  - \_\_\_\_\_ your postgraduate transcript
  - \_\_\_\_\_ your law school transcript

### **\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder Verification Form**

- Complete the top portion of the AD/HD Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.
- Submit copies of the following documents:
  - \_\_\_\_\_ your high school transcript
  - \_\_\_\_\_ your undergraduate transcript
  - \_\_\_\_\_ your postgraduate transcript
  - \_\_\_\_\_ your law school transcript

### **\_\_\_\_\_ Psychological Disability Verification Form**

- Complete the top portion of the Psychological Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

### **\_\_\_\_\_ Visual Disability Verification Form**

- Complete the top portion of the Visual Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

**\_\_\_\_\_ Physical Disability Verification Form**

- Complete the top portion of the Physical Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

**Prior Accommodations Verification Forms (as applicable):**

**\_\_\_\_\_ Law School Verification Form** (if you requested accommodations in law school)

- Complete the top portion of the Law School Verification Form and request that the law school administrator or professor responsible for authorizing test accommodations complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

**\_\_\_\_\_ Statement of Jurisdiction Form** (if you requested accommodations on another bar examination)

- Complete the top portion of the Statement of Jurisdiction Form and request that the appropriate official in the jurisdiction complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

**V. Certification that all information is true and complete****YOUR CERTIFICATION IS THAT THE INFORMATION IS TRUE AND COMPLETE (Indicate your agreement by initialing ALL of the following):**

\_\_\_\_\_ Initial The information I have provided in support of my request for test accommodations is true and correct. I understand that false statements made herein could result in denial of my admission to practice law in Oregon on character and fitness grounds.

\_\_\_\_\_ Initial I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to a qualified specialist retained by the Board of Bar Examiners, and I authorize such disclosure.

\_\_\_\_\_ Initial I understand that all documentation specified as being required in this application for test accommodations is an integral part of my request for admission to the bar.

\_\_\_\_\_ Initial I acknowledge that the Board of Bar Examiners may not be able to make adequate determination on my request for test accommodations unless I have provided all necessary documentation.



\_\_\_\_Initial If I allege that I received accommodations in law school, I acknowledge that my request for accommodations is not complete until I submit a Law School Verification Form (See Doc 2 in the Accommodations section of the Admissions webpage) that is completed by an appropriate representative of the law school.

\_\_\_\_Initial If I allege that I received accommodations on a bar exam other than a past Oregon Bar exam, I acknowledge that my request for accommodations is not complete until I submit a Jurisdiction Verification Form (see Doc 3 in the Accommodations section of the Admission's webpage) that is completed by an appropriate representative of the body that hosted the bar exam in that jurisdiction.

\_\_\_\_Initial I understand that my request is not complete unless and until I provide the relevant verification form related to my medical condition or disability (see Doc 4, Doc 5, Doc 6, Doc 7, or Doc 8 in the Accommodations section of the Admission's webpage), which must be completed by a treating provider or expert in a medical field that treats the relevant conditions or disability.

\_\_\_\_Initial If I submit an incomplete accommodations request, I understand that the Board may reasonably deny my request based solely on the fact that it is incomplete. I further understand that this decision will be final unless I provide the Board the missing information or forms by the stated appeal deadline.

---

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 the applicant

---

Date signed