

DOC 1 - APPLICANT REQUEST FOR TESTING ACCOMMODATION(S)

NOTICE TO APPLICANT: This form is part of your request for testing accommodation(s) on the Oregon Bar examination. This form, and all other applicable forms and 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 an applicant wishes to take. Every question must be answered. Enter "N/A" if not applicable. See General Information and Instructions for accommodation requests, found here:

Full name:

Date of birth:

I. YOUR DISABILITY STATUS

Check the disability or disabilities for which you are requesting accommodation(s):

- ☐ Visual Impairment
- ☐ Hearing Impairment
- ☐ Specific Learning Disability
- ☐ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ☐ Other Psychological/Psychiatric Disability (please describe):
- ☐ Other Impairment/Disability (please describe):

II. ACCOMMODATION(S) REQUESTED FOR THE OREGON BAR EXAMINATION:

Check all that apply:

- ☐ Formats:
 - ☐ Braille version of the examination
 - ☐ Audio version of the examination
- ☐ Large print, 18-point font
- ☐ Large print, 24-point font

- ☐ Assistance:
- ☐ Reader
 - ☐ Typist/Transcriber
 - ☐ Sign language interpreter

- ☐ Extra testing time:

Test Portion	Standard Time	Extra Time Requested	
MPT/Performance (2 MPTs in session)	3 hours	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%
		<input type="checkbox"/> 75%	<input type="checkbox"/> 200%
		<input type="checkbox"/> Other (specify):	
Essays (6 essays in each session)	3 hours	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%
		<input type="checkbox"/> 75%	<input type="checkbox"/> 200%
		<input type="checkbox"/> Other (specify):	
MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%
		<input type="checkbox"/> 75%	<input type="checkbox"/> 200%
		<input type="checkbox"/> Other (specify):	

- ☐ Extra breaks. Specify how long and how often breaks are requested:

- ☐ Other (elevated table, lamp, medication, limited testing time per day, private/semi-private room, etc.). Specify:

- ☐ I have a medical or physical condition (disabling or not) that requires one or more of the following enumerated accommodations (in which case, you need only submit documentation from a medical professional supporting the request; completion of Section III is not required in such instances). Check all that apply:

- ☐ *Access to medical equipment or a mobile device containing medical technology.*

- ☐ *Being seated close to a restroom, speaker, or clock.*
- ☐ *Private room to express milk for an applicant's child 18 months of age or younger.*

III. PRIOR ACCOMMODATION(S) RECEIVED ON OTHER STANDARDIZED EXAMS OR HIGH-STAKES TESTS:

1. Did you receive testing accommodation(s) in law school? Y/N

- ☐ Yes
- ☐ No

If no, skip to Section III, Question 2.

If yes:

- a. Complete and attach the "Law School Verification Form."
- b. What accommodation(s) did you receive for your disability?
- c. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received in law school?

- ☐ Yes
- ☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the "Initial or Modified ADA Accommodation Request Form" and proceed to the next question.

2. Did you receive testing accommodation(s) for another jurisdiction's bar examination?
Y/N

- ☐ Yes
- ☐ No

If no, skip to Section III, Question 3.

If yes:

- a. Complete and attach the "Statement of Jurisdiction Form."
- b. What accommodation(s) did you receive for your disability?

- c. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on another jurisdiction's bar examination?

- ☐ Yes
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the "Initial or Modified ADA Accommodation Request Form" and proceed to the next question.

3. Did you receive testing accommodation(s) on the LSAT? Y/N

- ☐ Yes
☐ No

If no, skip to Section III, Question 4.

If yes:

- a. 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.
- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on the LSAT?

- ☐ Yes
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the "Initial or Modified ADA Accommodation Request Form" and proceed to the next question.

4. Did you receive testing accommodation(s) on the MPRE? Y/N

- ☐ Yes
☐ No

If no, skip to Section III, Question 5.

If yes:

- a. 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.

- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on the MPRE?

- ☐ Yes
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the “Initial or Modified ADA Accommodation Request Form” and proceed to the next question.

5. Did you receive testing accommodation(s) under an Individualized Education Program (IEP) or a Section 504 Plan? Y/N

- ☐ Yes
☐ No

If no, skip to Section III, Question 6.

If yes:

- a. Attach documentation of the testing accommodation(s) received in your most recent IEP or Section 504 Plan.
- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received in your most recent IEP or Section 504 Plan?

- ☐ Yes
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the “Initial or Modified ADA Accommodation Request Form.”

6. Did you receive testing accommodation(s) for any other standardized exam or high-stakes testing (e.g., ACT, SAT, GRE, MCAT)?

- ☐ Yes
☐ No

If no, complete and attach the “Initial or Modified ADA Accommodation Request Form.”

If yes:

- a. Attach documentation of the testing accommodation(s) you received.

- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on your other standardized exam or high-stakes testing?

☐ Yes

☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the “Initial or Modified ADA Accommodation Request Form.”

IV. CERTIFICATION BY A QUALIFIED PROFESSIONAL

If you are requesting the same testing accommodation(s) that you previously received on a similar standardized exam or high-stakes test, you must attach to this form a current (generally within the last 3 years) certification by a qualified professional of the need for the requested testing accommodation(s) due to disability. The certification must specify the accommodations needed and must be based on careful consideration of the applicant by the qualified professional, using methods that are both broadly accepted and recognized within that professional’s discipline and expertise and have demonstrated reliability and validity for determining an applicant’s relevant capacities and limitations.

A “qualified professional” means a health professional who is licensed or otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought. Professionals who may possess the appropriate credentials and expertise include, but are not limited to, doctors (including psychiatrists), psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists, school counselors, and licensed mental health professionals.

If you are requesting a new or additional accommodation, you must complete Doc 4, which will serve in lieu of a separate certification letter.

V. YOUR CERTIFICATION THAT THE INFORMATION IN SECTIONS I THROUGH IV IS TRUE AND COMPLETE

Initial each of the following statements:

_____ 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.

_____ 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.

_____ 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.

_____ 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.

Applicant's 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