

# FORM 1: 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 should be filed at the same time as your Bar Application. If additional space is needed to respond to any item, please attach a separate page.

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

Date of birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

## I. YOUR DISABILITY STATUS

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

- Learning disability
- AD/HD
- Physical disability
- Visual impairment
- Hearing impairment
- Psychological disability
- Neurological/Cognitive disability
- Other (describe): \_\_\_\_\_

List your age when first diagnosed. \_\_\_\_\_

2. Are you currently being treated?  Yes  No

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

3. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

4. Is the treatment or medication effective in controlling symptoms?

Yes

No

N/A

If no, describe remaining symptoms and any side effects.

5. If there is anything else you would like the Florida Board of Bar Examiners to know about your disability and need for accommodations, you may attach a personal narrative.

## II. HISTORY OF ACCOMMODATIONS

For questions 1 through 5 below, please follow these instructions (please note that multiple responses to an item may be appropriate):

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

Jurisdiction(s): \_\_\_\_\_ Date(s) of exam: \_\_\_\_\_

Results: \_\_\_\_\_

Yes

Condition or diagnosis: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested Reason not requested: \_\_\_\_\_

Denied

Jurisdiction(s): \_\_\_\_\_ Date Denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

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

Date(s) of exam: \_\_\_\_\_ Scores: \_\_\_\_\_

Yes

Condition or diagnosis: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested Reason not requested: \_\_\_\_\_

Denied

Date Denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

3. Did you receive accommodations in law school?

Law school(s): \_\_\_\_\_

GPA: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested Reason not requested: \_\_\_\_\_

Denied

Date Denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

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

College(s): \_\_\_\_\_

GPA: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested      Reason not requested: \_\_\_\_\_

Denied

Date Denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

5. Did you receive accommodations for any of the following standardized tests?

**LSAT**      Dates of exam: \_\_\_\_\_      Scores: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested

Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

**MCAT**      Dates of exam: \_\_\_\_\_      Scores: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested

Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

**GRE**      Dates of exam: \_\_\_\_\_      Scores: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested

Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

**GMAT**      Dates of exams: \_\_\_\_\_      Scores: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested

Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

**SAT**      Dates of exams: \_\_\_\_\_      Scores: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested

Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A

**ACT**      Dates of exams: \_\_\_\_\_      Scores: \_\_\_\_\_

Yes

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested

Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations 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

School(s): \_\_\_\_\_

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations 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

School(s): \_\_\_\_\_

Conditions or diagnoses accommodated: \_\_\_\_\_

Date accommodations granted: \_\_\_\_\_

Accommodations granted: \_\_\_\_\_

Not requested Reason not requested: \_\_\_\_\_

Denied

Date denied: \_\_\_\_\_

Accommodations denied: \_\_\_\_\_

N/A



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

Test question formats:

- Braille
- Audio CD
- Large print/**18-point font**
- Large print/**24-point font**

Assistance:

- Reader
- Typist for Essays
- Scribe for Multiple Choice

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

<b>Test Portion</b>	<b>Standard Time</b>	<b>Extra Time Requested</b>	
Essay	3 hours	<input type="checkbox"/> 10%	<input type="checkbox"/> 25%
		<input type="checkbox"/> 33%	<input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify) _____	

<b>Test Portion</b>	<b>Standard Time</b>	<b>Extra Time Requested</b>	
Florida Multiple-Choice	3 hours	<input type="checkbox"/> 10%	<input type="checkbox"/> 25%
		<input type="checkbox"/> 33%	<input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify) _____	

<b>Test Portion</b>	<b>Standard Time</b>	<b>Extra Time Requested</b>	
MBE/Multiple-Choice	3 hours AM	<input type="checkbox"/> 10%	<input type="checkbox"/> 25%
MBE/Multiple-Choice	3 hours PM	<input type="checkbox"/> 33%	<input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify) _____	

Extra breaks. Describe the duration and frequency of the requested breaks.

- Other arrangements (e.g., elevated table, limited testing time per day, lamp, 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: 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 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, it is recommended, though not required, that you provide copies of all IEPs or 504 Plans.

##### Academic Transcripts

Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the Florida Board of Bar Examiners 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 Florida 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: Neurological/Cognitive Disability Verification
- Form 6: Visual Disability Verification
- Form 7: Physical Disability Verification

**2. A Form 8: 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 Academic Summary Report
- Undergraduate transcripts(s)
- [Optional] Elementary, middle, and high school transcripts

**4. Application form**

- Completed and signed Form 1: Applicant Request for Test Accommodations
- [Optional] 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. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE**

\_\_\_\_ Initial    The information I have provided in support of my request for test accommodations is true and complete.

\_\_\_\_ Initial    I understand that if the Florida 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 Florida Board of Bar Examiners reserves the right to treat such conduct as a character and fitness issue.

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

\_\_\_\_ Initial    I understand that all necessary documentation and information must be provided to the Florida Board of Bar Examiners by the final deadline of the examination for which accommodations are sought and that my request for test accommodations will not be considered if the deadline is missed.

\_\_\_\_\_  
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