

FORM 6: 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 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.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ Last 4 digits of 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 Florida Board of Bar Examiners or consultant(s) of the Florida Board of Bar Examiners.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Florida Bar Examination. To the extent available, 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 Florida Board of Bar 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 provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Florida Board of Bar Examiners generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many visual disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

The Florida Board of Bar 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 Florida Board of Bar Examiners.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

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).

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

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

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

5. Oculomotor Skills: saccades, pursuits, tracking

IV. FUNCTIONAL LIMITATIONS

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

V. ACCOMMODATIONS RECOMMENDED FOR THE [JURISDICTION] BAR EXAMINATION (CHECK ALL THAT APPLY)

The Florida Bar Examination is a timed written examination administered in three-hour sessions from 9:30 a.m. to 12:30 p.m. and from 2:15 p.m. to 5:15 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The first day consists of three essay questions in the morning session and 100 multiple-choice questions in the afternoon session. The essay questions are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers.

The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per eight-foot table, in a room set for 1500-3000 applicants. Applicants are permitted to bring in medications and a clear plastic bottle of water with all labels removed. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They are not allowed to bring food, other beverages, or other items into the testing room unless approved as accommodations. Restrooms are located in the examination room for use by applicants; however, they must do so within the time allotted for the test session.

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?

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 portions

Explain your recommendation(s). _____

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

[Example – jurisdiction-specific]

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

Test Portion	Standard Time	Extra Time Requested	
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) _____	

Test Portion	Standard Time	Extra Time Requested	
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) _____	

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.

Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

VI. PROFESSIONAL'S SIGNATURE

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

I certify that the information on this form is true and correct based upon the information in my records.

Signature of person completing this form

Date signed

Title

Daytime telephone number