

ACCOMMODATIONS FORM 1 APPLICANT REQUEST FOR TEST ACCOMMODATIONS

NOTICE TO APPLICANT: This form is part of your request for test accommodations on the Minnesota Bar Examination. This form and all other applicable forms and required documentation must be filed at the same time as your application for admission to the Bar of the State of Minnesota.

| | | | |
|------------------------|----------------------|---------------------------|----------------------|
| Applicant's Full Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <small>First</small> | <small>Middle</small> | <small>Last</small> |
| Date of Birth: | <input type="text"/> | <small>mm/dd/yyyy</small> | |

I. YOUR DISABILITY STATUS

1. Nature of your disability or disabilities – check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> AD/HD | <input type="checkbox"/> Hearing Impairment | |
| <input type="checkbox"/> Physical Disability (Please Describe) | | |
| <input type="checkbox"/> Other: (Please Describe) | | |

2. Describe your disability:

3. Your age and year when first diagnosed
(Approximate date and age)

4. List the functional limitations related to your disability that directly affect your ability to take the bar examination:

5. What accommodations are you requesting?

For each accommodation you are requesting, explain why the accommodation is necessary to alleviate the impact of your disability or disabilities in taking the Minnesota bar examination:

6. Are you currently being treated for your disability?

Yes No

If "Yes," provide the name, specialty, and telephone number of your treating professional(s).

| | |
|------------|--------------------|
| Name: | Telephone: () |
| Specialty: | |
| Name: | Telephone: () |
| Specialty: | |
| Name: | Telephone: () |
| Specialty: | |

**7. List any treatment and/or medication currently prescribed for the disability or disabilities identified above:
Or list "none."**

| Disability | Medicine Prescribed |
|------------|---------------------|
| | |
| | |
| | |
| | |

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

Yes No N/A

If "No," describe remaining symptoms and any side effects.

9. If there is anything else you would like the MBL 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:

If you were granted accommodations, check "Yes." List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the date or period of time the accommodations were granted.

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, the 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(s)?** Yes Not Requested
 Denied N/A

Name of bar examination authority (authorities): _____

Describe:

2. **Did you receive accommodations for the Multi-State Professional Responsibility Examination (MPRE)?** Yes Not Requested
 Denied N/A

Describe:

3. **Did you receive accommodations in law school?** Yes Not Requested
 Denied N/A

Name of Law School: _____

Describe:

4. **Did you receive accommodations in college (undergraduate or graduate studies)?** Yes Not Requested
 Denied N/A

Educational Institution: _____

Describe:

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

If yes, describe the accommodation received for each:

- | | | | | |
|-------------------------------|------------------------------|--|---------------------------------|------------------------------|
| <input type="checkbox"/> LSAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| <input type="checkbox"/> MCAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| <input type="checkbox"/> GRE | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| <input type="checkbox"/> GMAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| <input type="checkbox"/> SAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| <input type="checkbox"/> ACT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> 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 Not Requested
 Denied N/A

Educational Institution:

Describe:

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 Individualized Education Plan (IEP) or a 504 Plan?

- Yes Not Requested
 Denied N/A

Educational Institution:

Describe:

III. ACCOMMODATIONS REQUESTED FOR THE MINNESOTA BAR EXAMINATION

(CHECK ALL THAT APPLY)

Test Question Formats:

- Braille
- Audio CD
- Large Print: **18-point** Font
- Large Print: **24-point** Font
- Microsoft Word document on data CD for use with screen-reading software (Essay only)

Assistance:

- Reader
- Typist/Transcriber for Essay/MPT
- Scribe for MBE
- Other (Explain):

- Extra Testing Time:** Indicate below how much extra testing time is requested:

| Test Portion | Standard Time | Extra Time Requested |
|---------------------------------------|--------------------------|----------------------|
| Essays and Performance Test Questions | 3 Hours AM 3 Hours PM | |
| MBE/Multiple-Choice | 3 Hours AM 3 Hours PM | |

- Extra Breaks:**
Describe the duration and frequency of the requested breaks and why needed:

- Other Arrangements:**
(e.g., elevated table, limited testing time per day, lamp, medication, etc.).
Describe the arrangements:

IV. SUPPORTING DOCUMENTATION

Below is a detailed description of the documentation you are asked to provide in support of your request for accommodations. If you have questions regarding documentation, contact the MBLE office at 651-201-2707.

For a detailed explanation of the supporting documentation you should submit, review the General Instructions for Requesting Test Accommodations.

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 IEP or a 504 Plan, please provide copies of all IEPs or 504 Plans.

Academic Transcripts

If the nature of your disability is AD/HD or a learning disability, attach copies of your undergraduate and law school transcripts and your LSAC score report. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the MBLE in some cases.

V. APPLICANT CHECKLIST

This checklist is to help you make sure you have completed all steps. Checkmark the appropriate lines to indicate the documents you are submitting to request accommodations on the Minnesota 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 must be attached with a comprehensive evaluation report and/or relevant records:

- FORM 2:** Learning Disability Verification – Attach comprehensive evaluation report of an evaluation conducted within the last 5 years.
- FORM 3:** Attention Deficit/Hyperactivity Disorder Verification – Attach comprehensive evaluation report of an evaluation conducted within the past 3 years.
- FORM 4:** Psychological Disability Verification – Attach comprehensive evaluation report.
- FORM 5:** Visual Disability Verification – Attach relevant test results.
- FORM 6:** Physical Disability Verification – Attach comprehensive evaluation report and all records and test results if relevant.
- Reason why above was not included:** _____
- Only needed if:** _____

2. FORM 7: Certification of Accommodations History must be completed by each entity (school or testing agency) from which you previously requested accommodations or copies of notification letters. Check each that is attached:

- Not applicable** (you have never requested accommodations before)
- Bar examining agency in another jurisdiction(s)**
- MPRE**
- Law school**
- Undergraduate or graduate studies**
- Standardized tests** (LSAT, MCAT, GRE, GMAT, SAT, ACT)
- Individualized educational 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 (applicable only for [Forms 2 and 3](#)):

- Not applicable** (if you do not have a learning disability or AD/HD)
- Law school transcript(s)**
- LSAC score report** (see General Instructions' page 6 for how to obtain)
- Undergraduate transcripts(s)**
- Other transcripts**

VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

Please **INITIAL** on the line provided below.

This request for accommodations is a part of my application for admission to the bar. The information I have provided in support of my request for test accommodations is TRUE and COMPLETE.

Initial

I understand that if the MBL E 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 MBL E 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 MBL E, and I authorize such disclosure.

Initial

I understand that all necessary documentation and information must be provided to the MBL E by the deadline and that my request for test accommodations may not be considered if the deadline is missed.

Initial

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 applicant: _____ Date signed: _____