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## Accommodations Form 5 Visual Disability Verification

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**NOTICE TO APPLICANT: This section of this form is to be completed by you.**

The remainder of this form is to be completed by the qualified professional who is recommending accommodations on the Minnesota Bar Examination for you on the basis of a psychological disability. Please read, complete, and sign below before submitting this form to the qualified professional who is to complete the remainder of this form.

Applicant's Full Name: \_\_\_\_\_

Date(s) of  
Evaluation/Treatment: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ mm/dd/yyyy

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 Minnesota Board of Law Examiners (MBLE) or consultant(s) of the MBL.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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**NOTICE TO DOCTOR OR OTHER QUALIFIED PROFESSIONAL COMPLETING THIS FORM:**

**The above-named person is requesting accommodations on the Minnesota Bar Examination.** All such requests must be supported by a comprehensive diagnostic evaluation report by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Minnesota Bar Examination on the basis of a visual disability. The Minnesota Board of Law Examiners (MBLE) also 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 MBL 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 supported by a comprehensive diagnostic evaluation report to the applicant for submission to the MBL.**

***We appreciate your assistance.***

**PRINT or TYPE your responses to the items below.**

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**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:

\_\_\_\_\_

\_\_\_\_\_

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**II. DIAGNOSIS**

1. **What is the applicant's current diagnosis?** Include a statement as to whether the condition is stable or progressive.

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2. **Please state the applicant's best corrected visual acuities for distance and near vision:**

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**III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY ADDRESS RELEVANT AREAS.**

1. **Please describe the applicant's eye health** (both external and internal evaluations).

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

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

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

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5. **Oculomotor Skills:** saccades, pursuits, tracking.

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**IV. FUNCTIONAL LIMITATIONS**

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

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## **THE MINNESOTA BAR EXAMINATION STANDARD TESTING CONDITIONS**

**Under standard testing conditions, the Minnesota Bar Examination is a timed, written examination administered on Tuesday and Wednesday as scheduled twice each year. The standard exam schedule is as follows:**

9:00 a.m. - 12:00 p.m. - 3 Hrs.

12:00 p.m. - 1:30 p.m. - 1.5 Hrs. LUNCH BREAK

1:30 p.m. - 4:30 p.m. - 3 Hrs.

### **FIRST DAY:**

The exam consists of:

- MORNING SESSION: Two performance test (MPT) questions
- AFTERNOON SESSION: Six essay (MEE) questions

The MEE and MPT 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 (with prior registration), or
- Handwrite their answers.

### **SECOND DAY:**

The exam consists of 200 multiple-choice questions (MBE):

- MORNING SESSION: 100 Questions
- AFTERNOON SESSION: 100 Questions

Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

### **Examinees Are:**

- Assigned seats, two per eight-foot table, in a room set for as many as 700 examinees.
- NOT permitted to bring food, beverages, or other items into the testing room unless approved as test accommodations.
- Permitted to use small foam earplugs provided by the MBLE.
- Able to leave the room ONLY to use the restroom or drinking fountain, within the time allotted for the test session.

The examination is administered in a quiet environment.

**V. RECOMMENDATION**

Taking into consideration the above 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?  
 (CHECK ALL THAT APPLY)

**Test Question Formats:**

- Braille
- Large Print: **18-point** Font
- Audio USB
- Large Print: **24-point** Font
- Microsoft Word USB for use with screen-reading software

**Assistance:**

- Reader
- Typist/Transcriber for MEE/MPT
- Scribe for MBE

Explain Your Recommendation(s):

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

Test Portion	Standard Time	Extra Time Requested
Multistate Performance Test questions and Multistate Essay Exam	3 Hours AM	
	3 Hours PM	
Multistate Bar Exam (Multiple-Choice)	3 Hours AM	
	3 Hours PM	

Explain why extra testing time is necessary and describe how it will alleviate the limitations due to disability. If either the amount of time or your rationale is different for different portions of the examination, please explain. Would extra breaks or longer breaks be insufficient to accommodate the applicant’s functional limitations, rather than additional testing time?

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- Extra Breaks:** Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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

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## VI. PROFESSIONAL'S SIGNATURE

**I have attached a copy of the comprehensive evaluation report and 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.

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Signature of person completing this form

Date signed

Please print name: \_\_\_\_\_

Title: \_\_\_\_\_ Daytime telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_