

Accommodations Form 4 Physical Disability Verification

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 physical 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 MBLE.

Applicant's Signature: _____ Date Signed: _____

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 written evaluation report from 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 physical disability. The Minnesota Board of Law Examiners (MBLE) also requires the qualified professional to complete this form.

If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Minnesota Bar Examination.

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. The MBLE generally requires documentation from an evaluation conducted within the **past year** because of the changing manifestations of many physical 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 MBLE may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Attach a COPY of the:

- Comprehensive Evaluation Report.
- ALL records and test results on which you relied in making the diagnosis and recommending accommodations for the Minnesota Bar Examination.

RETURN this completed form, and attachments to the applicant who will submit the documentation to the MBLE.

We appreciate your assistance.

PRINT or TYPE your responses to the items below.

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 AND RESULTING FUNCTIONAL LIMITATIONS

1. **What is the specific diagnosis (including diagnosis code) for which the applicant requests test accommodations?**

2. **Describe the nature of the physical disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability:**

3. **When did you first meet with the applicant?** _____

4. **When was the applicant's physical disability first diagnosed?** _____

Did you make the initial diagnosis? Yes No

If "No," provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

5. **Provide the date of your last complete evaluation of the applicant.** _____

6. **Is this a permanent condition/impairment?** Yes No

If "No," when is it likely to abate?

7. **Does the severity of the condition/impairment fluctuate?** Yes No

If "Yes," describe the settings and/or circumstances affecting severity that are relevant to taking the bar examination.

8. **Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the bar examination:**

9. **Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations:**

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: Four 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 MBE.
- 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.

III. 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):

- 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?

- 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.

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

IV. 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.

Signature of person completing this form

Date signed

Please print name: _____

Title: _____ Daytime telephone number: (_____) _____