

Disability Verification Form

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. 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 HEALTHCARE 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 or mental disability. The Minnesota Board of Law Examiners (MBLE) also requires the qualified professional to complete this form in addition to submitting a comprehensive written evaluation report. The rationale for each recommendation must be included in either the comprehensive written evaluation or 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. The provision of reasonable accommodation is based on assessment of the current impact of the disability on the specific testing activity. MBLE generally requires documentation from a qualified professional who has sufficient recent knowledge of the applicant's condition and current level of functioning. For learning disabilities, documentation should typically be from an evaluation conducted within the past five years, and for ADHD, it should be within the past three years. For other disabilities, the documentation should typically be from an evaluation conducted within the past two years. In some circumstances, it may be appropriate for the qualified professional to provide additional information as to why older documentation is still appropriate. 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, independent professionals for an impartial review and recommendation.

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.

This form must be completed by a professional who is qualified to diagnose the applicant's disability and familiar with its current impact on the applicant's ability to perform on the Minnesota Bar Examination. A description of the Minnesota Bar Examination standard testing conditions is set forth on the next page of this form. **The recommendations for nonstandard testing accommodation must be SPECIFIC (including the rationale), and diagnoses must support a CURRENT need for the accommodation.** Attach and sign extra pages to complete your answers as necessary.

PRINT or TYPE your responses to the items below.

I. QUALIFIED 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 the applicant's condition, verify current impairment, and to recommend accommodations: (In the alternative, you may attach a copy of your credentials or a curriculum vitae)

Important Notice: THE MINNESOTA BAR EXAMINATION STANDARD TESTING CONDITIONS

Under standard testing conditions, the Minnesota Bar Examination is a timed, written examination administered twice per year in person on the last Tuesday and Wednesday of February and July . The standard exam schedule is as follows:

- 8:40 a.m. – 9:00 a.m. – Instructions
- 9:00 a.m. – 12:00 p.m. – 3 Hrs. of examination
- 12:00 p.m. – 1:10 p.m. – Lunch break
- 1:10 p.m. – 1:30 p.m. – Instructions
- 1:30 p.m. – 4:30 p.m. – 3 Hrs. of examination

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 650 examinees.
- NOT permitted to bring food, beverages (other than a bottle of water), or other items into the testing room unless approved as testing accommodations.
- Permitted to bring in over the counter and prescription medications to the testing site.
- Permitted to use small foam earplugs provided by the MBE.
- Unable to leave the secure testing area within the time allotted for the examination. A restroom and drinking fountain are available within the secure testing area.

The examination is administered in a quiet environment in the Twin Cities metropolitan area.

7. Describe the nature and severity of the applicant's impairment and discuss the impact of the impairment on the applicant's ability to take the bar examination under standard testing conditions (see Notice on page 3). Include a discussion of the age of onset, course of illness, and description of symptom frequency, intensity, and duration.

8. List the tests, studies and/or procedures used to diagnose the applicant's disorder.

- a. Also, attach a copy of all pertinent medical or psychological records, including results of laboratory studies, diagnostic tests, and clinical procedures used to determine the presence and severity of impairment.
- b. In the case of psychological, psychoeducational, or neuropsychological testing, please attach all empirical data (age-based standard scores and percentiles) and psychological reports that include an interpretation of test findings and diagnostic conclusions pertinent to the impairment.
