

This form must be submitted by all applicants requesting accommodation

**FORM 1
REQUEST FOR TESTING ACCOMMODATION**

Please print or type; must be legible.

NOTICE TO APPLICANT: Complete each item and provide supplemental documentation in Section III (if applicable) to assist the board in processing your request for test accommodation.

I. BACKGROUND INFORMATION

Applicant's Name: _____
First Middle Last

Mailing Address: _____
Number and Street or P.O. Box Number

City State Zip Code

Daytime Telephone Number: _____

Email Address: _____

PLEASE NOTE: An Application for Admission must be completed separately and filed by the established deadlines contained in the application instructions. This form should accompany your application and must meet application deadline.

Date of the examination I intend to take: _____ Month/ Year

I wish to take the examination by: Writing Typing Dictating

Have you previously taken the Arizona Bar Examination? Yes No

If yes, which examination(s): _____ Month/ Year

If yes, did you request accommodations to take the examination(s)? Yes No

II. BASIS OF ACCOMMODATION REQUEST

What is your disability or reason to request modified testing? _____

Describe your functional limitations related to the reported disability that directly affect your ability to take the examination under standard test parameters:

When was the disability first diagnosed by a treating professional (*date and your age*):

By whom (*name, occupation, specialty*)? _____

What treatment is currently being prescribed? _____

By whom (*name, occupation, specialty*)? _____

III. ACCOMMODATION HISTORY

For below, please provide information on whether you have ever requested or received accommodations.

Test/School	Requested	Received These Accommodations	If you did not request accommodations for this test/school, why not?
Law School Exams			
LSAT			
MPRE			
GRE			
ACT			
SAT			
Bar Exam			
College Exams			
High School			

1. Past Accommodation Made For Your disability (X yes or no)

In high school, did you have an Individualized Education Program (IEP)? Yes No

In high school, did you receive test accommodations? Yes No

In high school, did you generally receive extra time for classroom tests? Yes No

If yes, how much extra time was granted? _____

Did you receive test accommodation for taking the ACT or SAT for admission to college? Yes No

SAT/ACT Score: _____

Did you receive extra time for the SAT or ACT? Yes No

If yes, how much extra time was granted? _____

In college, did you use disabled student services? Yes No

In college, did you receive test accommodations? Yes No

In college, did you generally receive extra time for exams? Yes No

If yes, how much extra time was granted? _____

College GPA: _____

Did you receive test accommodations for any examination for admission to graduate school (GRE, MCAT, GMAT)? Yes No

Did you receive extra time for any examination for admission to graduate school? Yes No

Did you receive test accommodations for the LSAT? Yes No

LSAT Score: _____

If yes, indicate which accommodations were received on LSAT (X all that apply):

FORMATS:

Braille

Audio

Enlarged Font: What size font? _____

HELP:

Reader

Typist/Transcriber

Sign language interpreter

Extra breaks/rest periods: How long and how often were rest breaks? _____

Extra testing time: How much extra time was granted? _____

OTHER accommodations granted (i.e. special chair, seat near restroom). Please

specify: _____

- After graduate school, did you use disabled student services in any graduate program including law school? Yes No
- After graduate school, did you generally receive extra time? Yes No
- If yes, how much extra time was granted? _____
- Please specify any other test accommodation received while in any graduate program (i.e., reader, separate room, etc.): _____

Form 6 must be completed by each law school you attended if you received accommodation in law school.

2. State Bar Examinations

- Did you receive extra time for any bar exam in another state? Yes No
- If yes, how much extra time was granted: _____
- Did you receive extra time for a past AZ bar exam? Yes No
- Please specify all test accommodations you received on a state bar exam (i.e. reader, separate room, etc.): _____

Form 7 must be completed by each jurisdiction where you have previously been accommodated on a bar examination.

NOTE: *You must provide your treating specialist with Form 2, 3, 4, or 5 for their completion in support of your request. Appropriate forms must be completed by the treating professional, not by the applicant. The form(s) must be submitted with your request.*

IF YOU ARE PETITIONING FOR TEST ACCOMMODATIONS BECAUSE OF A LEARNING DISABILITY OR ADHD, THE COMMITTEE ON EXAMINATIONS SUGGESTS THAT YOU PROVIDE THE INFORMATION LISTED BELOW:

- A. All learning disability testing, including school testing at any point in your life (psychological, educational or neurological) including standardized test scores not already requested on the Learning Disability Form 3.
- B. All confirmations of your disability by anyone other than the diagnosing professional, including in-school testing, guidance counselors, etc.
- C. All re-evaluations of your learning disability, by anyone, since the date of the initial evaluation, including the evaluator's interpretive reports or notes.

- D. Educational output documents, such as grade reports, which might support an improvement in performance after initial diagnosis/treatment/accommodation.
- E. Any other documentation that would enable the Arizona Committee on Examinations to evaluate your request for test accommodations.

IV. ACCOMMODATION REQUESTS

Based on your specific disabilities, what testing accommodations do you believe are necessary to take the examination? Check below all specific accommodations you believe are necessary. Tables, chairs and lighting will be standard unless a specific request related to your disability is requested and granted.

If the Committee authorizes the use of assistance to transcribe your essay answers, the Committee will make arrangements to have a qualified person available at the examination.

Alternative Formats

- Large Print Examination Materials (check one: 18 pt or 24 pt)
 - Braille
 - Audio CD
 - Extended Time (complete applicable section)
 - Other please specify:
-

Personal Assistance

- Dictate to a Digital Recorder
 - Dictate to a Typist/Reporter
 - Reader for MEE/MPT
 - Scribe for MBE
 - Assistance with MBE Scantron sheet
 - Other please specify:
-

Testing Environment

- Distraction reduced setting
 - Wheelchair accessible
 - Other please specify:
-

Permission to Bring Your Own Special Furniture or Equipment

Describe (e.g. footstool, ergonomic chair, etc.)

Permission to Bring Personal Items

Describe (e.g. medications, wrist splints, etc.)

Please provide rationale for request(s) indicated above: _____

Accommodation of Extra Time

If extended time was selected above, specify the amount of **additional time** requested for each session of the essay examination and the Multistate Bar examination. Indicate why additional specified time is needed and the rationale for the amount of time for each test format of the examination.

(Regular timing for the essay portion is two sessions of three hours each -- six questions each session. Regular timing for the MBE portion is two sessions of three hours each (100 questions each session).

All requests for additional time must specify the exact amount of additional time. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the request for accommodation will be deemed incomplete.

Essay: Specify the amount of **additional** test time needed per session and provide an explanation regarding your need for additional time on the essay portion of the examination:

Multistate Bar Exam: Specify the **additional** test time needed per session and provide an explanation regarding your need for additional time on the MBE portion of the examination:

Limited Testing Time: Specify amount of time limitation for each test day (e.g. 6 hours a day) and provide an explanation regarding why time limitations are needed:

V. APPLICANT'S SIGNATURE

I am aware it is my responsibility to file a complete request for testing accommodation, which includes all necessary forms, and understand it will not be reviewed by the Committee on Examinations if found to be incomplete.

I have attached all original supporting forms and documents in legible form. **I understand this request should be filed as soon as possible, but no later than the date specified as the final filing deadline for the Arizona bar examination.** I further understand the Committee on Examinations will not review requests received after the final filing deadline.

I have submitted this form (Form 1), plus other required forms as indicated below:

- Form 2 and supporting documents as required
- Form 3 and supporting documents as required
- Form 4 and supporting documents as required
- Form 5 and supporting documents as required
- Form 6 and supporting documents as required
- Form 7 and supporting documents as required

I declare under penalty of perjury that the submitted information is true and correct. I understand that false statements will result in denial of my admission to practice law in Arizona based on character and fitness grounds.

(Applicant's Signature)

(Date)

The Committee on Examinations reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.