

## FORM 6: PHYSICAL DISABILITY VERIFICATION

**NOTICE TO APPLICANT: This section of this form is to be completed by you.** The remainder of the form is to be completed by the qualified professional who is recommending test accommodations on the 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 for completion of the remainder of this form.

Applicant's full name: \_\_\_\_\_

Date(s) of evaluation/treatment: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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 Alabama State Bar or consultant(s) of the Alabama State Bar.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Alabama Bar Examination. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a physical disability. The Alabama State Bar 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 Alabama Bar Examination. We appreciate your assistance.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Alabama State Bar 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 Alabama State Bar 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. **Return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Alabama State Bar.**

**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.



**Taking into consideration this 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?**

Test question formats:

- Braille
- Audio CD
- Large print/**18-point font**
- Large print/**24-point font**

Assistance:

- Reader
- Typist for essays (MEE and MPT)
- Scribe for multiple-choice (MBE)

Explain your recommendation(s).

Extra testing time. Indicate below how much extra testing time is recommended:

Test Portion	Standard Time	Extra Time Recommended
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number