

REASONABLE TESTING ACCOMMODATIONS QUESTIONNAIRE

(To be completed by All Applicants Requesting Reasonable Testing Accommodations)

NOTE: This form is part of the Application for Admission to the Bar of Alabama. Applicants are responsible for completeness and accuracy of the information provided. If you are requesting a reasonable testing accommodations, the following forms must be completed and returned to the: Admissions Office, Alabama State Bar, P.0. Box 671, Montgomery AL 36101. **DEADLINE: April 1st (July Exam); November 1st (February Exam).**

(Please Type or Print Legibly)

• Background Information

Applicant Name:				
Social Security Number:				
Address:				
Telephone Number:	()		Exam Date:

• Nature of Your Disability (Check all that apply):

- 🗖 Blind
- Visually impaired
- Hearing impaired
- Other physical disability
- Psychological disability
- □ Specific learning disability
- My condition is: _____

Describe the nature and extent of your disability.

How long have you had your disability? 🗖 1 year 🛛 3 years 🗂 5 years or more 🗖 most of my life

Post Accommodations Granted:	<u>YES</u>	NO
Were you in a specific school or program to accommodate your disability?		
Did you receive accommodations for classroom tests?		
Did you receive additional testing time for classroom tests?		
Were you granted testing accommodations for taking the LSAT or MPRE examination?		



REASONABLE TESTING ACCOMMODATIONS SUPPLEMENTAL DOCUMENTATION FOR LEARNING DISABILITIES

(To be completed by a Licensed Professional)

Return to the: Admissions Office, Alabama State Bar, P.O. Box 671, Montgomery, AL 36101. **Deadlines: April 1st (July Exam); November 1st (February Exam)**.

An applicant with a specific learning disability must have been identified by a psycho-educational assessment process which includes data from both cognitive and achievement measures listed below or other generally accepted cognitive and achievement measures. Testing should:

- 1. have been administered within the last two years;
- 2. identify an information processing deficit;
- 3. certify that the applicant's aptitude is within the normal range;
- 4. identify an aptitude-achievement discrepancy of 1.5 standard deviations.

(Please Type or Print Legibly)

Applicant Name:	
Nature and extent of impairment:	
Summary of diagnosis:	

Indicate below the specific tests and scores used to identify the specific learning disabilities:

COGNITIVE ASSESSMENT: (Date Cognitive Assessment Completed):

WECHSLER ADULT INTELLIGENCE SCALE-REVISED (WAIS-R); or list others _____

Verbal:	Performace:	Full Scale:	
SCALED SCORES:			
Information		Picture Completion	
 Digit Span		Picture Arrangement	
Vocabulary		Block Design	
Arithmetic		Object Assembly	
Comprehension		Digit Symbol	
Similarities			
Mean (X) of scaled score		Performance	

WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY-REVISED-PART1 : COGNITIVE; OR LIST OTHER STANDARD SCORES ONLY:

Full Scale Broad Cognitive	_ Processing Speed
Reading Aptitude	_ Auditory Processing
Math Aptitude	_ Visual Processing
Written Language Aptitude	_ Short Term Memory
Other	Other

PROCESSING DEFICIT ASSESSMENT:

<u>Test</u>	Sub-Test	Standard/Scaled Scores
WAIS-R		
WOODCOCK		
JOHNSON-R		
OTHER		

ACHIEVEMENT ASSESSMENT: (DATE ACHIEVEMENT ASSESSMENT COMPLETED: _____

Test Scores documenting 1.5 Standard Deviations below aptitude.

<u>Test</u> WOODCOCK JOHNSON-R	<u>Sub-Test</u>	Standard/Scaled Scores
WRAT		
NELSON DENNY OTHER		
PTITUDE-ACHIEV	EMENT DISCREPANCY:	
	Aptitude Measure/Subtest(s)	Standard Score

Achievement Measure/Subtest(s)

How will this condition be improved by the recommended test accommodation?

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Licensed Professional

Α

Name (print)

Date

NOTE: This information will be reviewed by a physician or licensed professional retained by the Board of Bar Examiners to assist in determining reasonable testing accommodations. The Board of Bar Examiners or a designated committee, will make the final decision to grant, deny, or modify a request for reasonable testing accommodations.



REASONABLE TESTING ACCOMMODATIONS DISABILITY DOCUMENTATION

(To be completed by a Physician or Licensed Professional for all applicants)

NOTE: The Alabama Board of Bar Examiners requires current documentation (within the last two years) from a licensed physician or other professional in the field related to the applicant's disability.

Return to the: Admissions Office, Alabama State Bar, P.O. Box 671, Montgomery, AL 36101. **Deadlines: April 1st (July Exam); November 1st (February Exam)**.

(Please Type or Print Legibly)

Physician Or Licensed Professional:			
Name:			
Title:			
License/Certification No.:			
Address:			
Telephone Number:	()		
Re: Applicant name:			

Please describe your credential(s) which qualify you to diagnose and/or verify the applicant's disability and to recommend an accommodation.

What is the specific diagnosis, condition, or physical impairment that requires testing accommodations?

When did you first examine or consult with the applicant for the specific condition or physical impairment?

When did you first make your specific diagnosis?

Briefly describe the nature of the condition and describe how this condition affects the applicant.

Current treatment consists of:

Last date of treatment/date of consultation with applicant: ____

Length of treatment with applicant:
Is this a permanent condition/disability? Yes: D No: D
If no, when is the condition/disability likely to abate?
In what way does the condition/disability affect the applicant's ability to read, write and/or concentrate for ex- tended periods of time?
Is the applicant following the prescribed course of treatment? Yes: No: No:
In what way does the prescribed course of treatment improve the applicant's ability to read, write and/or con- centrate for extended periods of time?
The Alabama State Bar Examination is a 2 1/2 day examination consisting of 14 essay questions administered in 3-hour intervals on the first day and a half. The Multistate Bar Examination (MBE) is a 6 hour examination administered on the third day, 3 hours for both the morning and afternoon sessions. The MBE is a multiple choice examination answered in pencil on a computer-graded sheet.
Based on the person's condition/disability and your diagnosis, what testing accommodations are recommended?
 Braille version of test Large print test book Audio cassette version of test Use of tape recorder Use of a reader Additional testing time for each test session
 Additional testing time for each test session. (Please specify amount of additional time requested in minutes or hours per session. If a specific amount of additional testing time is NOT indicated, the request cannot be processed. Other
Please explain how the recommended accommodation relates to the disability.
Leartify that all the information on this form is true and correct to the best of my knowledge and belief
I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Physician/Licensed Professional	Name (print)
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Date

NOTE: This information will be reviewed by a physician or licensed professional retained by the Board of Bar Examiners to assist in determining reasonable testing accommodations. The Board of Bar Examiners or a designated committee will make the final decision to grant deny, or modify a request for reasonable testing accommodations.



LAW SCHOOL STATEMENT REGARDING TESTING ACCOMMODATIONS GRANTED

Please complete and return to the: Admissions Office, Alabama State Bar, P. O. Box 671, Montgomery, AL 36101. **DEADLINE: April 1st (July Exam); November 1st (February Exam).**

Applicant Name

The above named applicant requested and received special testing accommodations during the administration of exams at this school for the following disability(s): _____

during the following periods: _____

The special testing accommodations provided are described as follows:

Signature		Date		
Title	Law School	Telephone#		

NOTE: This information will be reviewed by a physician or licensed professional retained by the Board of Bar Examiners to assist in determining reasonable testing accommodations. The Board of Bar Examiners or a designated committee will make the final decision to grant deny, or modify a request for reasonable testing accommodations.

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Post Accommodations Granted: (Continued) <u>Y</u>	<u>ES</u>	<u>NO</u>
Were you granted special testing accommodations for the bar exam in another jurisdiction?		
Please describe the accommodations you were given during law school, at the MPRE or SAT ex	kaminat	ion.
Requested Accomodations: Please check below the accommodation(s) that you believe are necessary for you to take the Alabama Bar Examination.		
Braille version of test		
Large print test book		
Audio cassette version of test		
Use of a tape recorder		
Use of a reader		
Additional testing time for each test session. (Please specify amount of additional time reques per exam session.)	sted	
Other		

• Applicant's Signature:

I understand that all the information on this form is true and correct and that it will be reviewed by a physician and licensed professional.

(Signature)

(Signature of individual signing on behalf of applicant)

NOTE: This information will be reviewed by a physician or licensed professional retained by the Board of Bar Examiners to assist in determining reasonable testing accommodations. The Board of Bar Examiners or a designated committee will make the final decision to grant deny, or modify a request for reasonable testing accommodations.

(Date)