

I. TEST ACCOMMODATIONS INFORMATION SHEET

GUIDELINES:

The Oregon Board of Bar Examiners encourages persons with disabilities to apply for test accommodations. Reasonable test accommodations will be made on the Oregon Bar Examination for qualified applicants with disabilities. The Oregon Bar Examination is a two-day timed examination designed to test the knowledge and skills necessary for one who seeks admission to the Oregon State Bar.

It is the policy of the Board of Bar Examiners to administer the bar examination and all other services of this office in accordance with the Americans with Disabilities Act Amendment Act (ADAAA). A qualified applicant with a disability who is otherwise eligible to take the bar examination, but whose impairment limits his/her ability to demonstrate under standard testing conditions that he/she possesses the knowledge and skills to be admitted to the Oregon State Bar, may request reasonable test accommodations.

The Board of Bar Examiners will make reasonable modifications to any policies, practices, and procedures that might otherwise deny equal access to individuals with disabilities, provided such modifications do not result in a fundamental alteration in the examination or other admission requirements. In order to accommodate disabled persons, The Board of Bar Examiners will furnish additional time, auxiliary aids, and other accommodations when necessary to ameliorate the impact of the applicant's disability on the applicant's ability to take the bar examination. The determination of testing accommodations is an individualized inquiry and will be made on a case-by-case basis. No additional charges will be assessed to individuals with disabilities to cover the costs of reasonable accommodations.

Requests for test accommodations will be evaluated on a case-by-case basis. The applicant must submit documentation from one or more qualified professionals that provides information on the diagnosed impairment(s), the applicant's current level of impairment, and the rationale for the accommodations requested on the bar examination. In addition, the applicant must submit verifying documentation of his or her history of accommodations, if any. All documentation will be retained by the Board of Bar Examiners and may be submitted to one or more qualified professionals for an impartial review. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the bar examination, although the Board gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an IEP or Section 504 plan.

DEFINITIONS

1. *Disability* is a physical or mental impairment that substantially limits one or more of the major life activities of the applicant. In the bar examination setting, the impairment must limit an applicant's ability to demonstrate, under standard testing conditions, that the applicant possesses the knowledge, skills and abilities tested on the bar examination.

2. *Physical impairment* is a physiological disorder or condition or an anatomical loss affecting one or more of the body's systems.
3. *Mental impairment* is a mental or psychological disorder such as organic brain syndrome, emotional or mental illness, attention deficit/hyperactivity disorder, or a specific learning disability.
4. *Major life activities* include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
5. *Reasonable accommodation* is an adjustment or modification of the standard testing conditions, or an appropriate auxiliary aid or service, that ameliorates the impact of the applicant's disability without doing any of the following:
 - a. fundamentally altering the nature of the bar examination, including but not limited to compromising the validity or reliability of the examination; or
 - b. imposing an undue burden on the Board of Bar Examiners; or
 - c. jeopardizing examination security.

FILING DEADLINE

Requests for accommodations will be considered after receipt of all information. The Application Checklist, located in Section V of Form 1: Applicant Request for Test Accommodations must be submitted with this application. The applicable items specified in the Applicant Checklist must be completed and mailed on or before the **timely filing** deadline of the exam the applicant wishes to take.

Applicants with disabilities are subject to the same application deadline as individuals without disabilities. Because some of the accommodation request forms require input from third parties, the appropriate individuals should be asked to complete the forms well in advance of the deadline.

A timely request for test accommodations for the February administration of the Oregon Bar Examination must be filed not later than November 15th.

A timely request for test accommodations for the July administration of the Oregon Bar Examination must be filed not later than April 15th.

Incomplete or untimely requests will be rejected except where: (a) the disability occurs after the application filing deadline; or, (b) good cause exists for the failure to file a timely request. Please note: failure to provide enough time for third parties to complete the necessary forms and return them to you for submission does not constitute "good cause".

RETAKE APPLICANTS

Applicants who retake the examination must submit Form 1: Applicant Request for Test Accommodations each time they apply for the bar examination, even if they previously requested and were granted accommodations in Oregon. It is not necessary to resubmit supporting documentation that was submitted with a previous request, provided the applicant sat for

the Oregon Bar Examination within the preceding three years and (1) is requesting the same accommodations that were received previously on the Oregon Bar Examination and (2) has had no material changes in his/her condition. New supporting documentation is required if there is **any change in the accommodations requested**. An **update** to prior medical documentation is required assessing the applicant's *current* functional limitations and ongoing need for accommodations if the **nature of the applicant's disability or disabilities is changeable**. The Board of Bar Examiners reserves the right to request an update to prior documentation in all cases if it determines that the prior documentation is insufficient to establish the applicant's current level of impairment and need for accommodations.

STEPS FOR SUBMITTING A COMPLETE REQUEST

This application packet contains seven separate forms, but you need only submit those forms and documents that pertain to your particular disability. Please carefully review the information below to ensure that you submit a complete request. A checklist is provided in Section V of Form 1: Applicant Request for Test Accommodations, which you should complete and submit with your request. All required forms and documentation must be submitted together by the deadline.

IMPORTANT NOTE: Some of the forms that must be submitted with your request must be completed by third parties and returned to you for submission to the Board of Bar Examiners. Make certain that you request completion of these forms by the third parties in a timely manner so that you are able to submit your request by the deadline.

STEP 1: Have a qualified professional complete the applicable disability verification form and return it to you for submission to the Board of Bar Examiners. There are separate forms for learning disabilities, AD/HD, psychological disabilities, visual disabilities, and physical disabilities. You will need to complete the top portion of the applicable disability verification form and request that your qualified professional complete the rest of the form and return it to you. Your qualified professional should attach to the completed disability verification form a comprehensive evaluation report and/or relevant records, as specified in the form.

STEP 2: Gather verifying documentation of your history of accommodations requests, if any. Submit a Form 7: Certification of Accommodations History completed by each educational institution or testing agency (hereinafter "entity") from which you requested accommodations, whether your request was granted or denied. Complete the top portion of the form and request that the entity complete the rest of the form and return it to you for submission to the [BAA]. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame (e.g., third year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, please provide copies of all IEPs or 504 Plans.

STEP 3: If the nature of your disability is AD/HD or a learning disability, provide transcripts. Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Photocopies of transcripts are acceptable for this purpose. You can obtain your LSAC Academic Summary Report by logging in to your LSAC account at www.lzac.org. Click on "Transcripts," then click on "Academic Summary Report," and print the report. If you have trouble obtaining the report, contact an LSAC representative at 215-968-1001.

Learning disabilities and AD/HD are developmental disorders with childhood onset, even if not diagnosed until adulthood. Transcripts or report cards of your elementary, middle school, and high school education, while not required, are useful in providing evidence of symptoms and impairment present during childhood. The Board of Bar Examiners reserves the right to request such academic records in particular cases.

STEP 4: **Complete and sign Form 1: Applicant Request for Test Accommodations.** Attach all relevant forms and documents, as indicated above, so that all required documentation is provided in one submission.

Requests for test accommodations and supporting documentation may be submitted to the Board of Bar Examiners at 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935.

DESCRIPTION OF THE EXAMINATION

The Oregon Bar Examination is administered over two-days in a quiet environment, and the applicants are allowed to use small foam earplugs. Applicants are also allowed to have unwrapped food and a clear container of water. No items other than those included in the Board of Bar Examiner’s test instructions may be brought into the testing room unless approved as test accommodations. The chart below provides a description of the standard testing schedule.

Tuesday Schedule

Essay Questions 1 – 6 Three Hours

Lunch Break – 1 Hour and 30 Minutes

MPT 1 and MPT 2 Three Hours

Wednesday Schedule

AM Session of the MBE..... Three Hours

Lunch Break - 1 Hour and 30 Minutes

PM Session of the MBE..... Three Hours

APPLICANT CHECKLIST FOR REQUESTING TEST ACCOMMODATIONS

You must submit all forms to the appropriate person(s) and follow up to make sure that the Board of Bar Examiners receives each form and required disclosures by the filing deadline.

STEP 1. READ THE TEST ACCOMMODATIONS INFORMATION SHEET.

STEP 2. SUBMIT THE COMPLETE TEST ACCOMMODATIONS REQUEST PACKET. INCLUDE A COPY OF THIS CHECKLIST INDICATING EACH ITEM ENCLOSED.

_____ Completed **Applicant Request for Test Accommodations Form**. All applicants seeking test accommodations must submit the Applicant Request for Test Accommodations Form. Include the following with your completed test accommodations packet:

_____ Narrative description of the nature and extent of your specific disability or disabilities, how each disability affects you in your daily life, and all accommodations you are requesting

_____ LSAC documentation (copy of letter(s) detailing results of request(s) for accommodations and Academic Summary Report)

_____ MPRE documentation (copy of letter(s) detailing results of request(s) for accommodations)

Treatment Provider Verification Forms (as applicable):

_____ Learning Disability Verification Form

- Complete the top portion of the Learning Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

- Submit copies of the following documents:

_____ your high school transcript

_____ your undergraduate transcript

_____ your postgraduate transcript

_____ your law school transcript

_____ **Attention Deficit/Hyperactivity Disorder Verification Form**

- Complete the top portion of the AD/HD Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.
- Submit copies of the following documents:
 - _____ your high school transcript
 - _____ your undergraduate transcript
 - _____ your postgraduate transcript
 - _____ your law school transcript

_____ **Psychological Disability Verification Form**

- Complete the top portion of the Psychological Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

_____ **Visual Disability Verification Form**

- Complete the top portion of the Visual Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

_____ **Physical Disability Verification Form**

- Complete the top portion of the Physical Disability Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

Prior Accommodations Verification Forms (as applicable):

_____ **Law School Verification Form** (if you requested accommodations in law school)

- Complete the top portion of the Law School Verification Form and request that the law school administrator or professor responsible for authorizing test accommodations

complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

_____ **Statement of Jurisdiction Form** (if you requested accommodations on another bar examination)

- Complete the top portion of the Statement of Jurisdiction Form and request that the appropriate official in the jurisdiction complete the rest of the form and return it to you for submission to the Board of Bar Examiners.

I have completed and attached all the required forms including supporting documentation.

Applicant Signature

Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

Signature of individual signing on behalf of applicant

Date signed

II. APPLICANT REQUEST FOR TEST ACCOMMODATIONS

NOTICE TO APPLICANT: This form is part of your request for test accommodations on the Oregon bar examination. This form and all other applicable forms and required documentation must be must be completed and postmarked or received by the Board of Bar Examiners on or before the *timely* filing deadline of the exam the applicant wishes to take.

Full name: _____

Date of birth: _____

I. YOUR DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations.

- | | |
|--|---|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Other Physical Disability | <input type="checkbox"/> AD/HD |
| <input type="checkbox"/> Other (please describe) _____ | |

2. Who first diagnosed your disability? _____

What was the date of the initial diagnosis? _____

What was your age when diagnosed? _____

3. Are you currently being treated? yes no

If yes, provide the name, qualifications, and contact number of your current physician or treating professional.

4. What treatment and/or medication is currently prescribed?

5. Are you following treatment and/or taking medication as prescribed? yes no n/a

6. Is the medication and/or treatment effective in controlling symptoms? yes no n/a

If no, describe remaining symptoms.

II. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

1. In elementary school, did you receive disabled-student services, tutoring services, or test accommodations? yes no

If yes, provide the name and address of the school and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

2. In middle school or junior high school, did you receive disabled-student services, tutoring services, or test accommodations? yes no

If yes, provide the name and address of the school and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

3. In high school, did you receive disabled-student services, tutoring services, or test accommodations? yes no

If yes, provide the name and address of the school and attach any written documentation or accommodations granted and/or documentation of other services received.

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

4. In college or postgraduate school other than law school, did you receive disabled-student services, tutoring services, or test accommodations? yes no

If yes, provide the name and address of the school and attach any written documentation or accommodations granted and/or documentation of other services received. _____

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

5. Did you request test accommodations in law school? yes no

If yes, complete and attach the Law School Verification Form.

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

6. Did you request test accommodations on the LSAT? yes no

If yes, attach a copy of the letter you received from LSAC detailing the results of your request(s) for accommodations for each administration of the LSAT you took. **Even if you did not receive accommodations on the LSAT, you must provide an Academic Summary Report. You can obtain the report at LSAC.org. Click on “transcripts” then click on “Academic Summary Report” and print the report. If you have trouble obtaining the report, you may contact an LSAC representative at 215-968-1001.**

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

Score(s): _____

7. Did you request test accommodations on the MPRE? yes no

If yes, attach a copy of the letter you received from MPRE detailing the results of your request(s) for accommodations for each administration of the MPRE you took.

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

Score(s): _____

8. Did you request accommodations for another jurisdictions bar examination, regardless of whether you took the examination? yes no

If yes, complete and attach the Statement of Jurisdiction Form.

Was your request for accommodations granted? yes no

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

**III. ACCOMMODATIONS REQUESTED FOR THE OREGON BAR EXAMINATION
(Check All That Apply)**

Formats:

- Braille version of examination
- Audio version of examination
- Large print – 18-point font
- Large print / 24-point font

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

- Extra testing time. Indicate below how much extra testing time is required:

Test Portion	Standard Time	Extra Time Requested
MPT/Performance (2 MPT's in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
Essays (6 essays in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <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"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

- Extra breaks. How long and how often are breaks requested? _____
- _____

- Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

Attach a narrative description stating:

- The nature and extent of your disability or disabilities;
- How each disability affects you in your daily life; and
- Your rationale for each accommodation you have requested and the connection between the effects of your disability and the accommodations you have requested.

IV. YOUR CERTIFICATION THAT THE INFORMATION IN SECTIONS I THROUGH III IS TRUE AND COMPLETE

____Initial The information I have provided in support of my request for test accommodations is true and correct. I understand that false statements made herein could result in denial of my admission to practice law in Oregon on character and fitness grounds.

____Initial I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to a qualified specialist retained by the Board of Bar Examiners, and I authorize such disclosure.

____Initial I understand that all documentation specified as being required in this application for test accommodations is an integral part of my request for admission to the bar.

____Initial I acknowledge that the Board of Bar Examiners may not be able to make adequate determination on my request for test accommodations unless I have provided all necessary documentation.

Applicant signature

Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

Signature of individual signing on behalf of the applicant

Date signed

III. LEARNING DISABILITY VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your learning disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your learning disability or disabilities. Please read and sign the following before submitting this form to your evaluator/treating professional(s) for completion:

Full Name: _____

Date(s) of treatment: _____

Date of birth: _____

I give permission to my evaluator or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

The above named person is requesting accommodations on the Oregon Bar Examination. You have seen him/her for evaluation and/or treatment. The Board of Bar Examiners needs information and documentation in order to assess that request.

The Board of Bar Examiners requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board of Bar Examiners requires current documentation of the condition or impairment (generally within the last three years). After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to a qualified specialist(s) for the purpose of evaluating the applicant's request.

Legibly 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.

Relevant records relating to the applicant, including copies of tests, assessment results, and chart note, must be attached.

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

In order to be entitled to accommodations based on a learning disability, the applicant must provide documentation, at his/her expense, establishing 1) that he/she has a learning disability that substantially limits a major life activity and 2) that the learning disability results in functional limitations that require accommodations in order for the applicant to take the examination on an equal basis with other applicants. The evaluation must:

1. be current (generally completed or updated within the last three (3) years);
2. document an information processing deficit;
3. certify that the applicant's aptitude is within the average or above-average range;
4. identify a significant discrepancy in aptitude-achievement as well as in processing measures (such discrepancies cannot be obtained from a single subtest); and

5. document that the applicant is substantially limited in a major life activity.

Date of last evaluation/assessment of the applicant: _____

Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

III. FORMAL TESTING

An applicant's specific learning disabilities must have been identified by an appropriate psycho-educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include

1. an account of a thorough diagnostic interview that summarizes relevant components of the individual's development, medical, family, social, and educational history;
2. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in standard scores and percentiles and index scores if available);
3. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;
4. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
5. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all of the above outlined information, must accompany this form. When choosing a test battery, please remember to consider the technical aspects of each test. These include the test's reliability, its validity, and whether it is standardized with norms available for the adult population. The professional judgment of the evaluator is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or more current version)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: the Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WAIT)
- Scholastic Abilities Test for Adults (SATA)
- Nelson-Denny Reading Test (timed and untimed), given in conjunction with one of the above tests to further document reading abilities and reading rate

Please note: the Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PAIT, PAIT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index, and/or cluster scores on the WAIS-III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as

other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

IV. LEARNING DISABILITY

1. Please include any informal measures, background history, and clinical observations that aided you in determining that the applicant has a learning disability.

2. Is the applicant substantially limited in one or more major life activities? yes no

If yes, identify all such major life activities and describe the substantial limitation(s) and functional impact on the applicant’s ability to take the bar examination under standard conditions.

3. Was the applicant’s motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? yes no

Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

V. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION

The Oregon Bar Examination is administered into two 3 hour sessions on Tuesday; and two 3 hour sessions on Wednesday, as scheduled twice each year.

Lunch breaks are one hour and 30 minutes each day. Based on the applicant's condition or impairment and your diagnosis, what test accommodations, if any, would you recommend? (Check all that apply.)

Formats:

- Braille version of examination
- Audio version of examination
- Large print – 18-point font
- Large print / 24-point font

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

- Extra testing time. Indicate below how much extra testing time is required:

Test Portion	Standard Time	Extra Time Requested
MPT/Performance (2 MPT's in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
Essays (6 essays in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <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"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

- Extra breaks. How long and how often are additional breaks requested?

If you are recommending extra time on the essay, performance, and/or multiple choice portion(s) of the examinations, please explain why extra breaks are also necessary.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the essay portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the performance portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the multiple-choice portion(s) of the examination.

- Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

V. PROFESSIONAL'S SIGNATURE

I have attached copies of all test results, evaluations, and educational or psychological reports that I relied upon in completing this form.

I certify that all the information on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number

IV. ATTENTION DEFICIT / HYPERACTIVITY DISORDER VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your Attention Deficit/Hyperactivity Disorder (AD/HD) or who has been involved in making recommendations for test accommodations on the bar examination as a result of your AD/HD. Please read and sign the following before submitting this form to your evaluator/treating professional(s) for completion:

Full Name: _____

Date(s) of treatment: _____

Date of birth: _____

I give permission to my evaluator or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

The above named person is requesting accommodations on the Oregon Bar Examination. You have seen him/her for evaluation and/or treatment. The Board of Bar Examiners needs information and documentation in order to assess that request.

The Board of Bar Examiners (Board) requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board requires current documentation of the condition or impairment (generally within the last three years). After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to a qualified specialist(s) for the purpose of evaluating the applicant's request.

Legibly print or type your responses to the items below.

The Board of Bar Examiners requires that an applicant with Attention Deficit/Hyperactivity Disorder (AD/HD) be identified by a Comprehensive Diagnostic Evaluation report that addresses all the points specifically inquired about in the summary questions below. The evaluation should

1. be current (generally completed or updated within the past three years);
2. follow full, standard DSM-IV-TR (or most current version) diagnostic criteria for AD/HD determination; and
3. provide evidence that diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of impairment.

Attach a copy of the Comprehensive Diagnostic Evaluation Report to this form.

Please note: a showing of significant impairment in one or more major life activities is necessary in order for the applicant to be granted test accommodations on the bar examination.

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.

Relevant records relating to the applicant, including copies of tests, assessment results, and chart note, must be attached.

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV-TR) (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. An applicant warranting an AD/HD diagnosis must meet basic DSM-IV-TR criteria, including the following:

1. Sufficient numbers of symptoms (delineated in DSM-IV-TR) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been “maladaptive.” The exact symptoms should be described in detail.
2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
3. Objective evidence indicating that current impairment from the symptoms is present in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However there must also be evidence that these problems are not confined to the academic setting.
4. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).
5. Indication of the specific AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

DSM-IV-TR criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms that occur across the applicant’s development and that cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally deemed insufficient to establish evidence for AD/HD.

AD/HD is primarily based on a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the applicant’s relevant background, including family, academic, social, vocational, medical, and psychiatric history. The evaluation should show how AD/HD symptoms have been manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in coping efforts. There should be a clear attempt to rule out other potential explanations for the AD/HD symptoms.

Please provide a comprehensive evaluation that addresses all five points in **Section II Diagnostic Information Concerning Applicant** (above) and complete questions 1-7 that follow.

1. Provide the Date the applicant was first diagnosed with AD/HD. _____
2. Did you make the initial diagnosis? yes no

If not, provide the name of the professional who made the initial diagnosis and when it was made, if known, and attach copies of any prior evaluation reports, test results, and or other records related to the initial diagnosis that you reviewed.

3. Provide the date of your last complete evaluation of the applicant. _____

4. Describe the applicant's **current** symptoms of AD/HD that cause significant impairment across multiple settings and that have been present for at least six months. List any objective evidence of those symptoms, such as job evaluations, rating scales, filled out by third parties, academic records, etc.

5. Describe the applicant's symptoms of AD/HD that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. List any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.

6. Does the applicant meet full DSM-IV-TR criteria for (check which diagnosis applies):

- AD/HD, Combined Type
- AD/HD, Predominantly Inattentive Type
- AD/HD, Predominantly Hyperactive-Impulsive Type
- AD/HD, not otherwise specified

7. Is the applicant substantially limited in one or more major life activities? yes no

If yes, identify all such major life activities and describe the substantial limitation(s) and functional impact on the applicant's ability to take the bar examination under standard conditions.

III. FORMAL TESTING

AD/HD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self reported AD/HD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

1. Were AD/HD questionnaires and/or AD/HD checklists completed? yes no

Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the applicant's emotional status and rule out other psychological problems. If such tests were not used, there should be a clear explanation of why they were not deemed necessary to rule out other potential explanations for reported AD/HD symptoms.

2. Was psychological testing completed? yes no

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychological diagnosis.

Cognitive test results cannot be used as the sole indication of AD/HD diagnosis independent of history and interview. However, these test findings often augment the AD/HD evaluation and should be reported. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.) In general, the applicant who has completed law school, reporting academic distress secondary to AD/HD symptoms, should demonstrate at least average to above-average intelligence.

3. Was cognitive testing performed? yes no

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of cognitive deficits associated with AD/HD.

The evaluation should indicate a concern with reliability, particularly the reliability of self-reported information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the applicant's motivation to achieve a specified goal.

4. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? yes no

If yes, describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

IV. AD/HD TREATMENT

Is the applicant currently being treated for AD/HD? yes no

If yes, describe the type of treatment, including medication. Explain to what extent this treatment is beneficial in ameliorating the AD/HD symptoms. If it is beneficial, state why accommodations are necessary.

If no, explain why treatment other than accommodation is not being pursued.

V. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION

The Oregon Bar Examination is administered in two 3 hour sessions on Tuesday; and two 3 hour sessions on Wednesday, as scheduled twice each year.

Lunch breaks are one hour and 30 minutes each day.

Based on the applicant's condition or impairment and your diagnosis, what test accommodations, if any, would you recommend? (Check all that apply.)

Formats:

- Braille version of examination
- Audio version of examination
- Large print – 18-point font
- Large print / 24-point font**

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

- Extra testing time. Indicate below how much extra testing time is required:

Test Portion	Standard Time	Extra Time Requested
MPT/Performance (2 MPT's in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
Essays (6 essays in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <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"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

- Extra breaks. How long and how often are additional breaks requested?

If you are recommending extra time on the essay, performance, and/or multiple choice portion(s) of the examinations, please explain why extra breaks are also necessary.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the essay portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the performance portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the multiple-choice portion(s) of the examination.

- Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

V. PROFESSIONAL'S SIGNATURE

I have attached copies of all test results, evaluations, and educational or psychological reports that I relied upon in completing this form.

I certify that all the information on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number

V. PSYCHOLOGICAL DISABILITY VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your psychological disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your psychological disability or disabilities. Please read and sign the following before submitting this form to your evaluator/treating professional(s) for completion:

Full Name: _____

Date(s) of treatment: _____

Date of birth: _____

I give permission to my evaluator or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

The above named person is requesting accommodations on the Oregon Bar Examination. You have seen him/her for evaluation and/or treatment. The Board of Bar Examiners needs information and documentation in order to assess that request.

The Board of Bar Examiners (Board) requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board requires current documentation of the condition or impairment (Generally within the last three years). After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to a qualified specialist(s) for the purpose of evaluating the applicant's request.

Legibly 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.

Relevant records relating to the applicant, including copies of tests, assessment results, and chart note, must be attached.

II. DISABILITY

1. Briefly describe the applicant's current self-reported symptoms of mental or psychological disability. Include a description of symptom frequency and intensity to establish severity of psychiatric symptomology.

2. Briefly describe any objective evidence of mental or psychological disability (e.g., collateral interviews, prior records, mental status examination), and attach relevant materials.

3. Are these symptoms secondary to any other disorders? yes no
If yes, please explain.

4. What is the applicant's DSM-IV-TR (or most current version) diagnosis? (Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

5. What other diagnoses were considered?

6. How were other diagnosis ruled out?

7. Is there evidence of a co-morbid personality disorder?

8. How long has the applicant had a documented history of mental or psychological disability?

9. Briefly describe current treatment of the disability.

10. Is the applicant following the prescribed course of treatment? yes no
If no, please explain.

11. Briefly describe current prescribed medication.

12. Is the applicant compliant with the prescribed medication? yes no
If no, please explain.

13. Do the positive effects of treatment mitigate the applicant's condition/disability?
yes no
If so, fully describe to what extent the applicant's condition/disability has been mitigated.

14. Is the applicant substantially limited in one or more major life activities? yes no
If yes, identify all such major life activities and describe the substantial limitation(s) and functional impact on the applicant's ability to take the bar examination under standard conditions.

15. What remediation techniques have been utilized in prior testing settings? Describe the effectiveness of any remediation.

16. Is there any objective evidence that the requested accommodations have facilitated the applicant's test performance in the past? yes no
If yes, please explain fully.

17. Attach a psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include the following:

- psychiatric/psychological history
- relevant developmental history
- educational history
- relevant medical history
- results on full mental status examination
- diagnostic formulation, including discussion of differential or "rule out" diagnoses
- prognosis

18. Did you administer or receive the results of any psychological tests on this applicant? yes no
If yes, please submit the measures and test scores.

III. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION

The Oregon Bar Examination is administered in two 3 hour sessions on Tuesday; and two 3 hour sessions on Wednesday, as scheduled twice each year.

Lunch breaks are one hour and 30 minutes.

Based on the applicant's condition or impairment and your diagnosis, what test accommodations, if any, would you recommend? (Check all that apply.)

Formats:

- Braille version of examination
- Audio version of examination
- Large print – 18-point font
- Large print / 24-point font**

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

- Extra testing time. Indicate below how much extra testing time is required:

Test Portion	Standard Time	Extra Time Requested
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Essays (6 essays in session)	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <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"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

Extra breaks. How long and how often are additional breaks requested?

If you are recommending extra time on the essay, performance, and/or multiple choice portion(s) of the examinations, please explain why extra breaks are also necessary.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the essay portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the performance portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the multiple-choice portion(s) of the examination.

- Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

V. PROFESSIONAL'S SIGNATURE

I certify that all the information on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number

VI. VISUAL DISABILITY VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your visual disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your visual disability or disabilities. Please read and sign the following before submitting this form to your evaluator/treating professional(s) for completion:

Full Name: _____

Date(s) of treatment: _____

Date of birth: _____

I give permission to my evaluator or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

The above named person is requesting accommodations on the Oregon Bar Examination. You have seen him/her for evaluation and/or treatment. The Board of Bar Examiners needs information and documentation in order to assess that request.

The Board of Bar Examiners (Board) requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board requires current documentation of the condition or impairment (generally within the last three years). After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to a qualified specialist(s) for the purpose of evaluating the applicant's request.

Legibly 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.

Relevant records relating to the applicant, including copies of tests, assessment results, and chart note, must be attached.

II. DISABILITY

1. Briefly describe the applicant's visual and medical history.

2. What is the applicant's current diagnosis.

3. When was this condition or impairment first diagnosed?

4. Please describe treatment, if any, of this condition or impairment (include dates).

5. Is this a permanent condition or impairment? yes no
If no, when is this condition or impairment likely to abate?

6. Please state the applicant's best corrected visual acuities for distance and near vision.

7. Please describe the applicant's eye health (both external and internal evaluations).

8. Briefly describe how the applicant's condition or impairment affects his or her reading ability.

9. Is the applicant substantially limited in one or more major life activities? yes no

If yes, identify all such major life activities and describe the substantial limitation(s) and functional impact on the applicant's ability to take the examination under standard conditions.

III. DIAGNOSIS-SPECIFIC FINDINGS (ADDRESS ALL RELEVANT AREAS)

1. Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

2. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth, etc. Specify the distance or near point.

3. Accommodative Skills: at near point, with and without lenses (provide measurements)

4. Oculomotor Skills: saccades, pursuits, tracking

IV. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION

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Lunch breaks are one hour and 30 minutes each day.

Based on the applicant's condition or impairment and your diagnosis, what test accommodations, if any, would you recommend? (Check all that apply.)

Formats:

- Braille version of examination
- Audio version of examination
- Large print – 18-point font
- Large print / 24-point font**

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

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MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

Extra breaks. How long and how often are additional breaks requested?

If you are recommending extra time on the essay, performance, and/or multiple choice portion(s) of the examinations, please explain why extra breaks are also necessary.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the essay portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the performance portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the multiple-choice portion(s) of the examination.

Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

V. PROFESSIONAL'S SIGNATURE

I certify that all the information on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number

VII. PHYSICAL DISABILITY VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your physical disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your physical disability or disabilities. Please read and sign the following before submitting this form to your evaluator/treating professional(s) for completion:

Full Name: _____

Date(s) of treatment: _____

Date of birth: _____

I give permission to my evaluator or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

The above named person is requesting accommodations on the Oregon Bar Examination. You have seen him/her for evaluation and/or treatment. The Board of Bar Examiners needs information and documentation in order to assess that request.

The Board of Bar Examiners (Board) requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board requires current documentation of the condition or impairment (generally within the last three years). After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to a qualified specialist(s) for the purpose of evaluating the applicant's request.

Legibly 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.

Attach relevant records relating to the applicant, including copies of tests, assessment results, and chart notes.

II. DISABILITY

1. What is the specific diagnosis (including diagnosis code) of the condition or impairment for which the applicant requests test accommodations?.

2. Briefly describe the nature of the condition or impairment.

3. When was the condition or impairment first diagnosed? _____

4. Last date of treatment/consultation with the applicant: _____

5. Is this a permanent condition or impairment? yes no
If no, when is this condition or impairment likely to abate?

6. Briefly describe current treatment of the condition or impairment.

7. Is the applicant following the prescribed course of treatment? yes no
If no, please explain.

8. Briefly describe current prescribed medication.

9. Is the applicant compliant with the prescribed medication? yes no
If no, please explain.

10. Is the applicant substantially limited in one or more major life activities? yes no
If yes, identify all such major life activities and describe the substantial limitation(s) and functional impact on the applicant's ability to take the bar examination under standard conditions.

III. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION

The Oregon Bar Examination is administered in two 3 hour sessions on Tuesday; and two 3 hour sessions on Wednesday, as scheduled twice each year.

Lunch breaks are one hour and 30 minutes each day.

Based on the applicant's condition or impairment and your diagnosis, what test accommodations, if any, would you recommend? (Check all that apply.)

Formats:

- Braille version of examination
- Audio version of examination
- Large print – 18-point font
- Large print / 24-point font

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

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

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MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

Extra breaks. How long and how often are additional breaks requested?

If you are recommending extra time on the essay, performance, and/or multiple choice portion(s) of the examinations, please explain why extra breaks are also necessary.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the essay portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the performance portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the multiple-choice portion(s) of the examination.

- Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

V. PROFESSIONAL'S SIGNATURE

I certify that all the information on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number

VIII. LAW SCHOOL VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by the law school official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the law school for completion:

Full Name: _____

Date of birth: _____

Law School: _____ Dates of attendance: _____

I give permission to release the information requested on this form and request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO LAW SCHOOL OFFICIAL: Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Board of Bar Examiners for consideration of the applicant's request for test accommodations.

The applicant named above, who is or was in attendance at this law school, reports he/she was granted accommodations. Please verify on the following page the accommodations granted.

TEST ACCOMMODATIONS GRANTED

Please check all that apply or attach a copy of the accommodations letter sent to the applicant describing the accommodations that were granted.

Formats:

- Braille
- Audio
- Large print

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

- Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time) or as extra minutes per hour.

What percentage of extra time granted was used? _____

- Extra breaks. How long and how often were the extra breaks?

- Other arrangements granted (e.g., elevated table, lamp, seat near restroom, etc.).

I certify that the information supplied on this form is true and correct based on the information retained in the files of the law school.

Signature of person completing this form

Date signed

Title

Daytime telephone number

IX. STATEMENT OF JURISDICTION FORM

NOTICE TO APPLICANT: This form is to be completed by the jurisdiction official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the jurisdiction for completion:

Full Name: _____

Date of birth: _____

Jurisdiction: _____

Examination date(s): _____

I give permission to release the information requested on this form and request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO JURISDICTION OFFICIAL: Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Board of Bar Examiners for consideration of the applicant's request for test accommodations.

I. TEST ACCOMMODATIONS GRANTED

Please check all that apply or attach a copy of the accommodations letter sent to the applicant describing the accommodations that were granted.

Formats:

- Braille
- Audio
- Large print

Assistance:

- Reader
- Typist/Transcriber
- Sign language interpreter

Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time) or as extra minutes per hour.

MEE/Essay: _____

MPT/Performance: _____

MBE: _____

Other (state multiple choice, etc.): _____

Extra breaks. How long and how often were the extra breaks?

Other arrangements granted (e.g. elevated table, seat near restroom, etc.).

If the applicant was granted test accommodations, did the applicant receive the same test accommodations for each administration of the bar examination? yes no

If no, and the applicant received different accommodations on different administrations of the examination, please describe.

II. TEST ACCOMMODATIONS REQUESTED

1. Was the applicant ever denied test accommodations on the bar examination, whether test accommodations ultimately were provided or not? yes no

If yes, attach a copy of each letter or notice sent to the applicant describing the accommodations denied and the reasons for the denial.

2. Did the applicant request test accommodations for every administration of the bar examination for which he/she applied? yes no

If no, list the dates of each administration for which he/she did not request accommodations.

I certify that the information supplied on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number