BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

GENERAL INSTRUCTIONS FOR REQUESTING TESTING ACCOMMODATIONS ON THE DELAWARE BAR EXAMINATION

INTRODUCTION

The Board of Bar Examiners of the Delaware Supreme Court (the "Board") provides reasonable adjustments or modifications to the standard testing conditions for the Delaware Bar Examination ("Bar Exam") for qualified individuals who have a disability (as defined under the American With Disabilities Act of 1990, as amended ("ADA")). The purpose for granting these adjustments or modifications (also referred to as "testing accommodations") is to give applicants with disabilities equal access to the Bar Exam, and make the applicant's performance on the Bar Exam a reflection of the applicant's knowledge and skills with regard to the practice of law, and not a reflection of the impact of the applicant's disability. Testing accommodations, to be reasonable, must be consistent with the nature and purpose of the Bar Exam—they cannot fundamentally alter the nature of the Bar Exam, impose undue administrative or financial burdens on the Board of Bar Examiners ("Board"), compromise the security, validity, or reliability of the Bar Exam, or provide an unfair advantage to any applicant—and they must be necessitated by an applicant's disability.

ESTABLISHING THE NEED FOR ACCOMMODATIONS

Applicants who seek testing accommodations for the Bar Exam have the burden of proof to establish both the existence of a recognized disability and the need for the specific testing accommodations sought. Requests for testing accommodations are evaluated on an applicant-by-applicant basis. Applicants must complete the Application for Testing Accommodations ("Application") in accordance with all instructions, and provide all of the documentation necessary to establish and support the request for testing accommodations. The necessary information and documentation varies depending on the kind of disability for which accommodations are sought.

Applications must include a copy of a comprehensive written report from a qualified professional who conducted an individualized assessment of the applicant and who gave the diagnosis which forms the basis for the requested accommodations. The report must comply in all other respects with the documentation guidelines which are described in detail in the disability verification forms that are Forms A–E to the Application that should be provided to the qualified professional before any report is written. Applicants with more than one disability must have medical and/or diagnostic documentation to support each disability. Do not assume that documentation which was sufficient in other testing situations will be sufficient to support a request for accommodations on the Bar Exam.

Depending on the nature of the disability, accommodations may include getting the Bar Exam in a customized format (e.g., braille, audio file, large print), receiving physical assistance to complete the Bar Exam (e.g., reader, screen reader or typist), additional time to complete one or more parts of the Bar Exam, or changes to the testing environment (e.g., private room, small group). When completing the Application and required forms, applicants and their qualified professionals should give careful thought to what they think is necessary to allow the applicant to take the Bar Exam on an equal basis with applicants who do not have a disability, and they must provide specific rationales for each accommodation requested, which need to be based on the functional impact of the disability on the applicant's ability to take the Bar Exam under normal testing conditions, and must be supported by adequate documentation.

DEADLINES

A COMPLETE APPLICATION FOR TESTING ACCOMMODATIONS ("APPLICATION") MUST BE RECEIVED BY THE BOARD OF BAR EXAMINERS (THE "BOARD"), AND SHALL BE DEEMED FILED WITH THE BOARD, ONLY IF IT IS FILED WITH YOUR TIMELY APPLICATION FOR ADMISSION TO THE DELAWARE BAR ("BAR APPLICATION"). If the disability for which an applicant is seeking accommodations existed more than fifteen (15) days prior to the final filing deadline for filing the applicant's Bar Application, this deadline will not be extended for any reason. Applicants may file an Application on an emergency basis after the final filing deadline only if the disability for which the applicant is seeking accommodations is based on an injury or impairment acquired after the final filing deadline or within fifteen (15) days prior to the final filing deadline. Failure to get an appointment with, or be diagnosed by, a specialist or treating professional prior to the final filing deadline is not grounds to file an Application after the final filing deadline for the Bar Application. The Board **STRONGLY** encourages you to begin making the necessary arrangements well in advance of the final filing deadline, in

order to ensure that there is sufficient time before the Delaware Bar Examination ("Bar Exam") for the Board to review and process your Application and for you to be able to avail yourself of administrative remedies should you believe it necessary to do so.

IN ACCORDANCE WITH BOARD RULE 15(B), WHEN FILED, THE APPLICATION MUST CONTAIN ALL INFORMATION AND SUPPORTING DOCUMENTATION UPON WHICH THE APPLICANT WILL RELY IN SUPPORT OF THE ACCOMMODATION REQUESTED. THE BOARD SHALL NOT THEREAFTER ACCEPT OR CONSIDER ANY ADDITIONAL ORAL OR WRITTEN INFORMATION OR DOCUMENTATION IN SUPPORT OF THE ACCOMMODATION REQUESTED, EXCEPT AS PROVIDED BY RULE 15(c), d(i) and (d)(ii).

PREPARING AND FILING THE APPLICATION

In addition to the Application, one or more of seven different verification forms from qualified professionals and prior accommodations providers may need to be filed with the Application. Applicants only need to submit those forms and documents that are relevant to the disabilities for which they are seeking testing accommodations. Copies of the Application and the verification forms are available as part of the Bar Application, or separately on the Board's website.

APPLICATION REVIEW PROCESS

Complete Applications are referred to a committee of three (3) or more Board members designated by the Chair or Vice Chair of the Board (the "Committee") for review and decision. The Committee is authorized to seek assistance from qualified professionals as the Committee may deem appropriate, and it may require that an applicant undergo a physical or other examination. The analysis and results of any such assistance or examination shall be submitted to the Committee in writing. The record upon which the Committee bases its decision consists only of the complete Application and any materials submitted to the Committee by any qualified professionals.

In ruling upon the Application, the Committee may grant or deny all of the requested accommodations, grant only some of the requested accommodations, or grant accommodations different than what was requested in the Application. The Committee communicates its decision to the applicant by letter, copies of which are sent to the applicant by email as well as USPS First Class Mail. If the Committee does not grant in full the accommodations sought, its letter decision will set forth the

basis for the Committee's decision and attach the report of any qualified professional upon which the Committee relied in making its decision. Applicants who wish to challenge the Committee's ruling do so by filing an appeal in accordance with the requirements of Board of Bar Examiners Rule 15(d).

APPLICANT'S AUTHORIZATION AND CONSENT

The Certification and Release at the end of the Application must be completed, signed, dated, and notarized for the Application to be processed by the Board. This is important because the Board cannot disclose the information in an Application to qualified professionals retained to assist the Board unless an applicant has authorized and consented to the release of that information. Similarly, the Board cannot discuss an applicant's disability, condition, or treatment with the licensed professional(s) who diagnosed an applicant's ability, or who submitted the report upon which an applicant's accommodations request is based, unless an applicant has authorized and consented to such discussions and the release of information by the licensed professional(s).

CANDOR AND CONFIDENTIALITY

Applicants have a duty of candor and a continuing obligation to provide truthful and correct information with respect to the Application and any information or documentation provided by in connection with it. Falsifying or willfully omitting any information or documentation may result in an applicant being denied the opportunity to sit for the Bar Exam, could prejudice an applicant's examination results, result in an applicant being denied admission to the Bar of the Supreme Court of the State of Delaware, and affect an applicant's subsequent good standing as a member of the Bar, in addition to subjecting an applicant to penalties as may be provided by law.

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APPLICATION FOR TESTING ACCOMMODATIONS

NOTICE TO APPLICANT

The Board of Bar Examiners ("Board") does not consider this Application for Testing Accommodations ("Application") to be complete until all required forms and information have been submitted in the proper format, and will not process or review the Application until it is complete. A complete Application must be received by the Board, and shall be deemed filed with the Board, only if it is filed with your timely Application for Admission to the Delaware Bar ("Bar Application"). If the disability for which an applicant is seeking accommodations existed more than fifteen (15) days prior to the final filing deadline for filing the applicant's Bar Application, this deadline will not be extended for any reason. Applicants may file an Application on an emergency basis after the final filing deadline only if the disability for which the applicant is seeking accommodations is based on an injury or impairment acquired after the final filing deadline or within fifteen (15) days prior to the final filing deadline. The Board **STRONGLY** encourages you to begin making the necessary arrangements well in advance of the final filing deadline, in order to ensure that there is sufficient time before the Delaware Bar Examination ("Bar Exam") for the Board to review and process your Application and for you to be able to avail yourself of administrative remedies should you believe it necessary to do so.

IN ACCORDANCE WITH BOARD RULE 15(B), WHEN FILED, THE APPLICATION MUST CONTAIN ALL INFORMATION AND SUPPORTING DOCUMENTATION UPON WHICH THE APPLICANT WILL RELY IN SUPPORT OF THE ACCOMMODATION REQUESTED. THE BOARD SHALL NOT THEREAFTER ACCEPT OR CONSIDER ANY ADDITIONAL ORAL OR WRITTEN INFORMATION OR DOCUMENTATION IN SUPPORT OF THE ACCOMMODATION REQUESTED, EXCEPT AS PROVIDED BY RULE 15(c), d(i) and d(ii).

BACKGROUND INFORMATION

Full Name: _____

Date of Birth: _____

Have you previously taken the Delaware Bar Exam?

☐ Yes
☐ No

If yes, list the year of each such examination, and state whether you requested and received testing accommodations for that examination:

DISABILITY STATUS

For which type(s) of disability are you requesting accommodations?

☐ Physical (Non-Visual)/Auditory
☐ Visual
☐ Learning
☐ Attention Deficit Hyperactivity Disorder (ADHD)
☐ Psychiatric
☐ Other (describe): _____

For each disability identified, answer the following questions. Attach additional pages if necessary.

1. **What is the nature and extent of your disability, how does it affect your daily life, and what are the functional limitations related to your disability that directly affect your ability to take the Bar Exam?**

_____

_____

_____

_____

2. **Who was the qualified professional (name, occupation, and specialty) who first diagnosed your disability?**

3. **When was the disability first diagnosed by a qualified professional?**

4. **Are you currently being treated for your disability?**

   ☐ Yes
   ☐ No

   If yes, provide the name, qualifications, and contact information of your current treating professional(s). If no, explain why you are not.

5. **What form(s) of treatment are you currently receiving (such as therapy, medication, assistive devices, auxiliary aids, and/or personal strategies)?**

6. **Are you following the treatment as prescribed?**

   ☐ Yes
   ☐ No

If yes, describe the treatment's effectiveness in reducing or controlling your symptoms and the functional limitations related to your disability. If no, explain why you are not.

PAST ACCOMMODATIONS

1. **Did you request testing accommodations for bar examinations you have taken in other jurisdictions?**

   ☐ Yes
   ☐ No
   ☐ I have not taken a bar examination in another jurisdiction

   If yes, in which jurisdiction(s) did you request testing accommodations?

   For each jurisdiction you listed above, answer the following questions and submit a completed Bar Examination Accommodation Verification (Form F). The form must be signed by an authorized official with the bar admission entity with responsibility for administering the bar examination in each such jurisdiction and the completed form must be submitted with this application.

   For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

_____

_____

_____

_____

2. **Did you request testing accommodations for the Multistate Professional Responsibility Examination (MPRE)?**

☐ Yes
☐ No

If yes, then for each administration of the MPRE you have taken, attach a copy of the letter you received from the National Conference of Bar Examiners (NCBE) with the results of your request for testing accommodations.

For what disability or impairment did you request testing accommodations?

_____

_____

_____

_____

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

_____

_____

_____

_____

3. **Did you request testing accommodations in law school?**

☐ Yes
☐ No

If yes, then for each law school you attended answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized law school representative, and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

_____

_____

_____

_____

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

_____

_____

_____

_____

4. **Did you request testing accommodations for the Law School Admission Test (LSAT)?**

☐ Yes
☐ No

If yes, then for each administration of the LSAT you have taken, attach a copy of the letter you received from the Law School Admission Council (LSAC) with the results of your request for testing accommodations.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

5. **Did you request testing accommodations during college (whether as an undergraduate or graduate student, or both)?**

☐ Yes
☐ No

If yes, then for each college you attended as an undergraduate or graduate student, answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized representative of the college, and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

_____

_____

_____

_____

6. **Did you request testing accommodations during high school?**

☐ Yes
☐ No

If yes, then for each high school you attended, answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized representative of the high school, and the completed form must be submitted with this application.

For what disability or impairment did you request testing accommodations?

_____

_____

_____

_____

What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.

_____

_____

_____

_____

ACCOMMODATIONS REQUESTED

☐ **Examination Format**

- ☐ Large Print – please specify font size _____
- ☐ Other (describe):

☐ **Physical Assistance**

- ☐ Reader; screen reader
- ☐ Typist or voice recognition computer for essays
- ☐ Other (describe): _____

Note: The specific individual(s) who will serve as reader or typist (or other role as described) must be approved by the Board. Include with your Application a résumé and detailed background information for the individual(s) you propose to have serve as your reader or typist (or other role as described), and the same information for at least one alternate. The proposed individual(s) and alternate(s) cannot have any legal education, training, or background, and cannot be affiliated with or employed in the legal field or by a law-related organization.

☐ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

☐ **Essays**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50 ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

☐ Orthopedic/Mobility Needs
☐ Small Group
☐ Private Room
☐ Other: _____

Rationale: _____

_____

_____

_____

CERTIFICATION AND AUTHORIZATION

I CERTIFY that I understand that:

- This Application is not complete unless it includes all necessary forms and all documents substantiating and supporting the request for accommodations, and that it is my responsibility to ensure that this Application is complete.

- The Board will not process this Application if the Board does not receive it with my Bar Application, and that it is my responsibility to ensure that the Board receives the complete Application with my Bar Application.

- The Board is authorized to seek assistance from qualified professionals with regard to my request for testing accommodations, and that any qualified professionals retained by the Board will need to review the information in my complete Application in order to give such assistance to the Board.

- In order for the Board to review and process my Application it may be necessary or appropriate for the Board to contact the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application.

- If I falsify or willfully omit any information in this Application, I may prejudice my examination results, be denied admission to the Bar of the Supreme Court of the State of Delaware, and affect my subsequent good standing as a member of that Bar, and I may be subjected to such penalties as provided by law.

- I have a continuing obligation to provide truthful and correct information to the Board with regard to this Application, my Application for Admission to the Delaware Bar, and any other information provided to the Board in connection with my admission to the Bar.

I AUTHORIZE and CONSENT to the Board disclosing my Application, or information contained therein, to medical, psychiatric, or other qualified professionals retained by the Board to assist the Board in its review of my Application.

I AUTHORIZE and CONSENT to the Board contacting the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application.

I AUTHORIZE and CONSENT to the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application, releasing and disclosing all relevant information to the Board, and I WAIVE any applicable privilege, such as physician/patient or psychotherapist/patient, to the extent necessary to permit such diagnostician(s) or licensed professional(s) to provide all relevant information to the Board.

I RELEASE, DISCHARGE, AND EXONERATE (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) diagnostician(s) or qualified professional(s) and their agents and representatives furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspections of any documents, records and other information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I DECLARE under penalty of perjury under the Laws of the State of Delaware that all of the information in this Application is true and correct to the best of my knowledge and belief.

_____ _____

Date Signature

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OF THE DELAWARE SUPREME COURT
Carvel State Office Building
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FORM A:
PHYSICAL (NON-VISUAL)/AUDITORY DISABILITY VERIFICATION

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a physical (non-visual)/auditory disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

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 Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date _____ Signature _____

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). 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 Exam on the basis of a physical (non-visual)/auditory disability.

The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form. If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activities on the Bar Exam. The Board generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many physical (non-visual)/auditory 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.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name:

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

_____

License Number/
Certification/State: _____

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. **What is the specific diagnosis (including diagnostic code) for which the applicant requests testing accommodations?**

_____

_____

_____

_____

2. **Describe the nature of the physical (non-visual)/auditory 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 (non-visual)/auditory disability first diagnosed?**

_____

5. **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.

_____

_____

_____

_____

6. **When was your last complete evaluation of the applicant and what was the applicant's physical/auditory status at the time?**

_____

7. **Is this a permanent disability?**

☐ Yes
☐ No

If no, do you have an expectation, to a reasonable degree of medical certainty, as to how long the disability is likely to continue to cause a substantial limitation?

☐ Yes
☐ No

If yes, when?

_____

8. **Does the severity of the disability fluctuate?**

☐ Yes
☐ No

If yes, describe the settings or circumstances affecting severity that are relevant to taking the Bar Exam.

_____

_____

_____

_____

9. **Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the Bar Exam.**

_____

_____

_____

_____

10. **Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.**

_____

_____

_____

_____

11. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?**

☐ Yes
☐ No

III. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Tuesday, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which contains two sections designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.

- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or

accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

☐ **Examination Format**

☐ Large Print – Please specify font size _____

☐ Other: _____

☐ **Physical Assistance**

☐ Reader; Screenreader

☐ Typist or voice recognition computer for essays

☐ Other:_ _____

☐ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

☐ **Essays**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

☐ Orthopedic/Mobility Needs
☐ Small Group
☐ Private Room
☐ Other: _____

Rationale: _____

_____

_____

_____

IV. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

_____	_____
Date	Signature of Qualified Professional

BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
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FORM B:
VISUAL DISABILITY VERIFICATION

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a visual disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

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 Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

_____ _____

Date Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). 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 Exam on the basis of a visual disability.

The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form. If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activities on the Bar Exam. The Board generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many visual 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.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

NOTE: If the applicant (1) is legally blind, (2) will test exclusively with tactile or auditory input (e.g., Braille, reader, audio recording), and (3) will not use any visual material, you only need to complete Section II.

II. DIAGNOSIS – GENERAL

1. **What is the current diagnosis for which the applicant requests testing accommodations? Please indicate whether the applicant's condition is stable or progressive.**

2. **What is the applicant's best corrected visual acuities for distance and near vision?**

3. **When was the applicant's visual disability first diagnosed?**

4. **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. **When was your last complete evaluation of the applicant?**

6. **Is this a permanent disability?**

☐ Yes
☐ No

If no, do you have an expectation, to a reasonable degree of medical certainty, as to when the disability is likely to abate?

☐ Yes
☐ No

If yes, when?

7. **Does the severity of the condition/impairment fluctuate?**

☐ Yes
☐ No

If yes, describe the settings or circumstances affecting severity that are relevant to taking the Bar Exam.

8. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?**

☐ Yes
☐ No

III. DIAGNOSIS – SPECIFIC FINDINGS

If any of the following areas are relevant to your diagnosis with respect to applicant's vision, please describe your findings for each such area.

1. **How is the applicant's eye health (both external and internal evaluations)?**

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

3. **Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.**

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

5. Ocularmotor Skills: saccades, pursuits, tracking

IV. DIAGNOSIS – FUNCTIONAL LIMITATIONS

1. Describe the applicant's current functional limitations and explain how the limitations impact the applicant's reading ability and/or restrict the condition, manner, or duration under which the applicant can take the Bar Exam.

2. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

V. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Tuesday, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which contains two items designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.

- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

☐ **Examination Format**

- ☐ Braille
- ☐ Audio CD or File
- ☐ Large Print – Please specify font size _____
- ☐ Other: _____

☐ **Physical Assistance**

- ☐ Reader; Screenreader
- ☐ Typist or voice recognition computer for essays
- ☐ Other: _____

☐ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

☐ **Essays**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on a submitted medical or diagnostic evaluation.

☐ Orthopedic/Mobility Needs
☐ Small Group
☐ Private Room
☐ Other: _____

Rationale: _____

_____

_____

_____

VI. CERTIFICATION

I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and I certify that the information on this form is true and correct based upon the information in my records.

_____	_____
Date	Signature of Qualified Professional

BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

FORM C:
LEARNING DISABILITY VERIFICATION

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a learning disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

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 Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

_____ _____
Date Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

_____

License Number/
Certification/State: _____

Please describe your specialized training in the assessment, diagnosis, and remediation of learning disabilities with the adult population.

_____

_____

_____

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. **What is the specific diagnosis for which the applicant requests testing accommodations? Include the specific diagnosis from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.**

2. **Describe the nature of the applicant's learning disability, including the specific area(s) of impairment and level(s) of severity for each. 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 disability first diagnosed?**

5. **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.

_____

_____

_____

_____

6. **When was your last complete evaluation of the applicant?**

_____

7. **Describe the applicant's current level of functioning, the impact of any functional limitations on the applicant's major life activities, and how any functional limitations restrict the condition, manner, or duration under which the applicant can take the Bar Exam.**

_____

_____

_____

_____

8. **Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results?**

☐ Yes
☐ No

(a). Did you administer Symptom/Performance validity tests?

☐ Yes
☐ No

(b) Did the Symptom Performance validity tests demonstrate a valid test profile?

☐ Yes
☐ No

(c) Do you believe your test results are reliable and valid?

☐ Yes
☐ No

Describe how your reliability and validity determination was made. If symptom/performance validity tests were not administered, please explain why they were not.

_____

_____

_____

_____

9. **How do your test results align with previous history of testing and academic accomplishments? What alternative interpretations can be made of the test results (e.g. influenced by English as a second language, not feeling well on day of testing, exhibits a deliberate work pace/style)?**

_____

_____

_____

_____

10. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?**

☐ Yes
☐ No

III. COMPREHENSIVE TESTING AND REPORT

An applicant's specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activities on the Bar Exam.

Although a learning disability normally is lifelong, the severity and manifestations can change. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. You must attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis. The report should include the following:

- Account of a thorough diagnostic interview that includes all relevant background information necessary to support the diagnosis, including:
  - Description of the presenting problem(s);
  - Developmental history;
  - Academic history, including results of prior standardized testing, reports of classroom performance and behavior, special education services, and Individualized Education Programs (IEPs), and/or 504 plans;
  - Relevant family history, including primary language of the home, and current fluency of English where relevant;
  - Relevant psychosocial history;
  - Relevant medical history, including the absence of a medical basis for the present symptoms; and
  - History of prior treatment and effectiveness;
- Clear, objective evidence of a substantial limitation to learning and academic achievement provided through assessment in the areas of reading and writing and information processing abilities. Results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores.
- Interpretation of the diagnostic profile that integrates the assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of dual diagnosis, alternative, or coexisting conditions affecting the applicant's performance (such as mood, behavioral, neurological, or English as a second language);
- Specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- Rationale for each recommended accommodation based on the diagnostic information presented (including but not limited to background history, test scores, and documented observations).

It is important that the tests used in the evaluation be reliable, valid, comprehensive, and age-appropriate, and that the <u>most recent edition or version</u> of each diagnostic instrument

or measure is used. Scores should be reported as age-based standard scores and percentiles. Standardized test batteries (e.g. Wechsler or Stanford-Binet IQ scales and Woodcock Johnson or Wechsler achievement test batteries) are preferred over screening measures (e.g. Nelson Denny Reading Test or Test of Word Reading Efficiency). Supplementary cognitive and neuropsychological tests may be helpful in some cases to demonstrate areas of impairment, but should be considered as secondary to measures of academic achievement when making a diagnosis.

IV. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Tuesday, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which contains two items designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.

- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

☐ **Examination Format**

- ☐ Large Print – Please specify font size _____
- ☐ Other: _____

☐ **Physical Assistance**

- ☐ Reader; Screenreader
- ☐ Typist or voice recognition computer for essays
- ☐ Other: _____

☐ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

☐ **Essays**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other: _____

Rationale: _____

_____

_____

_____

☐ **Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on a submitted medical or diagnostic evaluation.

☐ Small Group
☐ Private Room
☐ Other: _____

Rationale: _____
_____
_____
_____

V. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

_____ _____
Date Signature of Qualified Professional

BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

FORM D:
ATTENTION DEFICIT HYPERACTIVITY DISORDER VERIFICATION

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of attention deficit hyperactivity disorder. Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

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 Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

_____ _____

Date Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). 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 examination on the basis of attention deficit hyperactivity disorder ("ADHD"). The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such experts or professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

_____

License Number/
Certification/State: _____

Please describe your specialized training in the assessment, diagnosis, and remediation of ADHD with the adult population.

_____

_____

_____

_____

II. DIAGNOSTIC INFORMATION

1. **When was the applicant first diagnosed with ADHD?**

   _____

2. **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.

   _____

   _____

   _____

3. **When did you first meet with the applicant?**

   _____

4. **When was your last complete evaluation of the applicant?**

   _____

5. **Describe the applicant's current symptoms of ADHD that cause significant impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms.**

6. **Describe the applicant's symptoms of ADHD that were present in childhood or early adolescence (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms.**

7. **Describe the applicant's functional impairment and provide objective evidence that demonstrates substantial limitations in major life activities (e.g. school accommodation plans, 504 Plans, IEPs, loss of job or poor performance evaluations, driving violations, relationship difficulties, substance abuse, financial problems, etc.).**

ATTACH A COMPREHENSIVE EVALUATION REPORT. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activity on the Delaware Bar Examination. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. The diagnostic criteria as specified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM")

published by the American Psychiatric Association are used as the basic guidelines for determining a diagnosis of ADHD.

To the extent possible, the report should include a summary of the information obtained from the diagnostic interview to substantiate the applicant's ADHD diagnosis and current functional limitations. In addition to the applicant's self-report, the information should include objective historical and current evidence from third-party sources such as rating scales filled out by parents, teachers, or others; job performance evaluations; third-party interviews; historical information garnered from transcripts, teacher comments, tutoring evaluations, and report cards; and IEPs or 504 Plans, if any. The diagnostic interview, with information from a variety of sources, should include, but not necessarily be limited to:

- history of presenting ADHD symptoms, including evidence of non-remitting symptoms that have interfered with functioning over time and evidence of symptom presentation prior to age 12;
- developmental history;
- family history for the presence of ADHD and other educational, learning, physical, or psychological difficulties;
- thorough academic history, including elementary, secondary, and postsecondary education, as well as performance on standardized tests such as the SAT, ACT, and LSAT, IEPs, 504 Plans, report cards, and accommodations previously utilized, if any;
- relevant medical history, including the absence of a medical basis for the symptoms, effects of medication (positive or negative), and whether prescribed medication had been taken at the time of the evaluation;
- relevant psychosocial history and interventions;
- relevant employment history;
- review of any prior neuropsychological or psychoeducational test reports;
- current symptoms that have been present for at least the past six months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

The report must include a review of the diagnostic criteria for ADHD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) both currently and retrospectively. The report must demonstrate a persistent pattern of clinically significant symptoms that interfere with functioning. It should identify which symptoms have persisted for at least six months and specify which symptoms were present prior to age 12 years. There must be clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning, and several symptoms must be present in two or more settings. The report should specify if symptoms are in partial remission, and should also specify the current severity of symptoms (mild, moderate, or severe).

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations.
The report should include a review of prior accommodations utilized by the applicant (e.g., for standardized examinations such as the LSAT, ACT, or SAT; school examinations; licensing or certification examinations; classroom; etc.) and the extent to which the accommodations met the applicant's needs. It is important to recognize, however, that accommodation needs can change over time and in different settings.

NOTE: If there is another diagnosis pertinent to the accommodation request, please provide complete information regarding any other diagnoses and findings, and ask the applicant to provide appropriate forms relating to such diagnoses to you for completion.

1. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?**

   ☐ Yes
   ☐ No

III. FORMAL TESTING

Psychological testing and self-report checklists cannot be used as the sole indicator of ADHD diagnosis independent of history and interview. However, such findings can augment clinical data. 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 ADHD (inattention, working memory, etc.). Please answer the following questions.

1. **Is there evidence from empirically validated rating scales completed by more than one source that levels of ADHD symptoms fall in the abnormal range?**

   ☐ Yes
   ☐ No

   If yes, please provide copies.

2. **Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by ADHD symptoms?**

   ☐ Yes
   ☐ No

If yes, please describe the findings.

3. **Was testing performed that rules out other factors (e.g., other psychiatric conditions, sleep disturbance, medical conditions, lifestyle issues, stressors, anxiety, depression, etc.) as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?**

   ☐ Yes
   ☐ No

   If yes, please describe the findings.

4. **Was testing performed to assess the possibility that a lack of motivation or effort affected test results?**

   ☐ Yes
   ☐ No

   If yes, please describe what testing was performed and the findings, and state whether any symptom validity tests were administered. If symptom validity tests were not administered, please explain why they were not.

IV. TREATMENT

1. **Is the applicant currently being treated for ADHD?**

   ☐ Yes
   ☐ No

   If yes, describe the treatment, including any medication, and identify the extent to which the treatment is effective in controlling the applicant's ADHD symptoms and reducing any impairment.

   _____

   _____

   _____

   _____

   If no, explain why treatment is not being pursued.

   _____

   _____

   _____

   _____

V. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Tuesday, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which

contains two items designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.

- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

☐ **Examination Format**

- ☐ Large Print – Please specify font size _____
- ☐ Other: _____

☐ **Physical Assistance**

- ☐ Reader; Screenreader
- ☐ Typist or voice recognition computer for essays
- ☐ Other: _____

☐ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

☐ **Essays**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other:

Rationale: _____

_____

_____

_____

☐ **Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other:

Rationale: _____

_____

_____

_____

☐ **Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other:

Rationale: _____

_____

_____

_____

☐ **Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on a submitted medical or diagnostic evaluation.

☐ Small Group
☐ Private Room
☐ Other: _____

Rationale: _____
_____
_____
_____

VI. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

_____ _____
Date Signature of Qualified Professional

BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

FORM E:
PSYCHIATRIC DISABILITY VERIFICATION
NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a psychiatric disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

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 Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

_____ _____
Date Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). 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 examination on the basis of a psychiatric disability. The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. **Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?** Your assistance is appreciated.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such experts or professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Occupation & Specialty: _____

_____

License Number/
Certification/State: _____

Please describe your qualifications and training to assess, diagnose, and treat psychiatric disabilities, and to verify the applicant's condition and recommend reasonable accommodations for it.

_____

_____

_____

_____

II. DIAGNOSTIC INFORMATION

1. **When was the applicant first diagnosed with a psychiatric disability?**

   _____

2. **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.

   _____

   _____

   _____

   _____

3. **When did you first meet with the applicant?**

   _____

4. **When was your last complete evaluation of the applicant?**

5. **What is the applicant's specific diagnosis per the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association? If diagnosis is not definitive, please list differential diagnoses.**

6. **Describe the applicant's current functional limitations caused by the disability in different settings and specifically address the impact of the disability on the applicant's ability to take the Bar Exam under standard testing conditions. Note: Psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations.**

7. **Describe the applicant's compliance with and response to treatment, including medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the Bar Exam.**

ATTACH ALL COMPREHENSIVE EVALUATION REPORTS. An applicant's specific psychiatric disabilities must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activities on the Bar Exam.

The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. In some cases it is necessary to assess functioning within the past several months. Attach to this form a copy of the comprehensive evaluation report including test results from norm-referenced tests and a DSM differential diagnosis. The report should include the following:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual's psychiatric/psychological, developmental, medical, family, social, and educational history;
- Results of a full mental status examination;
- Description of current functional limitations in different settings;
- Results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests;
- Diagnostic formulation, including discussion of differential or "rule out" diagnoses, including objective evidence of the diagnostic condition; and
- Prognosis.

III. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Monday, applicants are given eight essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions in the morning and another set of four essay questions in the afternoon, and must respond to the two sets of essay questions in three hours for each set.

Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Tuesday, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which contains two items designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.

- On Wednesday, applicants take the NCBE's Multistate Bar Examination ("MBE"), a 200-question multiple choice test designed to test an applicant's substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

The Bar Exam is held at Widener University School of Law's Wilmington, Delaware campus. Applicants are assigned seats in classrooms of varying sizes. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), a pen or pencil, and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

☐ **Examination Format**

☐ Large Print – Please specify font size: _____

☐ Other: _____

☐ **Physical Assistance**

☐ Reader; Screenreader

☐ Typist or voice recognition computer for essays

☐ Other: _____

☐ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

☐ **Essays**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other:

Rationale: _____

_____

_____

_____

☐ **Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other:

Rationale: _____

_____

_____

_____

☐ **Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time Requested: ☐ 10% ☐ 25% ☐ 50% ☐ Other:

Rationale: _____

_____

_____

_____

☐ **Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

☐ Small Group
☐ Private Room
☐ Other: _____

Rationale: _____

_____

_____

_____

IV. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

_____ _____

Date Signature of Qualified Professional

BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

FORM F:
BAR EXAMINATION ACCOMMODATION VERIFICATION

NOTICE TO APPLICANT

You must complete this part of the form. The rest of the form must be completed by the bar admissions administrator from the jurisdiction in which you received accommodations to take that jurisdiction's bar examination. Read, complete, and sign below before submitting this form to the bar admissions administrator for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the bar admissions administrator 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 Board of Bar Examiners of the Delaware Supreme Court.

_____ _____
Date Signature

NOTICE TO BAR ADMISSIONS ADMINISTRATOR

The above-named person is an applicant ("Applicant") for admission to the Delaware Bar and is requesting accommodations on the Delaware Bar Examination. The applicant has stated that your jurisdiction provided testing accommodations to take the bar examination on account of the applicant's disability.

To assist the Board of Bar Examiners of the Delaware Supreme Court ("Board") in reviewing the applicant's request for testing accommodations for the Delaware Bar Examination, the Board requests that you answer the questions below regarding any

testing accommodations the applicant received to take the bar examination in your jurisdiction.

Please print or type your responses and return this completed form to the applicant for submission to the Board with the applicant's application for testing accommodations. The Board greatly appreciates your assistance.

BACKGROUND INFORMATION

Name: _____

Title: _____

Full name of bar admissions authority for which you are completing this form:

_____

Address of bar admissions authority: _____

_____

Telephone: _____

Facsimile: _____

Email: _____

ACCOMMODATIONS HISTORY

Did Applicant request testing accommodations for a bar examination in your jurisdiction?

☐ Yes
☐ No

If yes, please answer the following three questions. If no, please skip ahead to the Certification.

1. **For which sittings of the bar examination (identified by month and year) did Applicant request accommodations?**

_____

_____

_____

_____

2. **For what disability or disabilities did Applicant request accommodations?**

_____

_____

_____

_____

3. **What accommodations were granted to Applicant? If Applicant was granted (a) fewer and/or different accommodations than were requested, or (b) no accommodations because the request was denied, please note this and explain the reasons why, or attach a copy of any notification or decision sent to Applicant with such an explanation.**

_____

_____

_____

_____

4. **Was any request (s) for accommodations reviewed on your behalf by a qualified professional, and if so, please identify each qualified professional by name, address and telephone number.**

_____

_____

_____

_____

CERTIFICATION

I certify that the information supplied on this form is true and correct based on the information retained in our record.

_____ _____

Date **Signature**

BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT
Carvel State Office Building
820 North French Street, 11th Floor
Wilmington, DE 19801-3545
(302) 577-7038 (ph)
(302) 577-7037 (fax)

FORM G:
EDUCATIONAL INSTITUTION ACCOMMODATION VERIFICATION

NOTICE TO APPLICANT

You must complete this part of the form. The rest of the form must be completed by an authorized representative for each educational institution you attended where you requested testing accommodations. Read, complete, and sign below before submitting this form to the authorized educational institution representative for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the authorized educational institution representative 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 Board of Bar Examiners of the Delaware Supreme Court.

_____ _____
Date Signature

NOTICE TO REPRESENTATIVE OF EDUCATIONAL INSTITUTION

The above-named person is an applicant ("Applicant") for admission to the Delaware Bar and is requesting accommodations on the Delaware Bar Examination on account of a disability. The Applicant has stated that your educational institution provided testing accommodations during the administration of examinations at your educational institution on account of a disability.

To assist the Board of Bar Examiners of the Delaware Supreme Court ("Board") in reviewing the Applicant's request for testing accommodations for the Delaware Bar Examination, the Board requests that you answer the questions below regarding any testing accommodations the applicant received during the administration of examinations at your educational institution.

Please print or type your responses and return this completed form to the applicant for submission to the Board with the applicant's application for testing accommodations. The Board greatly appreciates your assistance.

BACKGROUND INFORMATION

Name: _____

Title: _____

Name of educational institution for which you are completing this form:

_____

Address of educational institution: _____

_____

Telephone: _____

Facsimile: _____

Email: _____

ACCOMMODATIONS HISTORY

Did Applicant request testing accommodations for examinations at your educational institution?

☐ Yes
☐ No

If yes, please answer the following three questions. If no, please skip ahead to the Certification.

1. **For which examinations did Applicant request accommodations? If Applicant requested accommodations for all examinations during a semester or school year, it is sufficient to identify the semester(s) or school year(s).**

2. **For what disability or disabilities did Applicant request accommodations?**

3. **What accommodations were granted to Applicant? If Applicant was granted (a) fewer and/or different accommodations than were requested, or (b) no accommodations because the request was denied, please note this and explain the reasons why, or attach a copy of any notification or decision sent to Applicant with such an explanation.**

4. **For each accommodation requested, please identify if such request was reviewed by a qualified professional on your behalf, and, if so, please provide the name, address and telephone number for each qualified professional.**

_____

_____

_____

_____

CERTIFICATION

I certify that the information supplied on this form is true and correct based on the information retained in our record.

_____ _____

Date Signature