

DELAWARE BOARD OF BAR EXAMINERS
FORM B – VISUAL DISABILITY VERIFICATION

NOTICE TO APPLICANT

This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the bar examination for you on the basis of a disability. Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____

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 Delaware Board of Bar Examiners or consultant(s) of the Delaware Board of Bar Examiners.

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 rising 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.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the bar examination in Delaware. To the extent available, all such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a disability. The Delaware Board of Bar Examiners ("Board") also requires the qualified professional to complete this form. **If any of the information requested in this form is addressed in the comprehensive evaluation report, you may respond by citing the report where the answer can be found.** Attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the bar examination in Delaware. We appreciate your assistance.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Board strongly prefers documentation from an evaluation conducted within the past year because of the changing manifestations of many physical disabilities. For stable conditions, 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.

The Board may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below. **Return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Occupation and specialty:

License number/Certification/State: _____

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations.

[Remainder of page intentionally blank. Please continue to next page.]

II. DIAGNOSIS

1. What is the applicant's current diagnosis? Include a statement as to whether the condition is stable, progressive, or likely to improve.

2. State the applicant's best corrected visual acuities for distance and near vision.

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

1. Describe 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).

[Remainder of page intentionally blank. Please continue to next page.]

5. Oculomotor Skills: saccades, pursuits, tracking.

IV. FUNCTIONAL LIMITATIONS

Describe the functional impact, if any, of the applicant's visual condition on the applicant's reading ability.

**V. ACCOMMODATIONS RECOMMENDED FOR THE BAR EXAMINATION IN DELAWARE
(CHECK ALL THAT APPLY)**

The bar examination in Delaware is a timed written examination administered in three-hour sessions in the morning and in the afternoon as scheduled twice each year. There is a lunch break from 12:30 p.m. to 1:30 p.m. each day.

The first day consists of two performance tests (MPT) in the morning session and four Delaware essay questions in the afternoon session. The essay and performance questions are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers.

The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per eight-foot table, in a room set for 50-400 applicants. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They are not allowed to bring food into the testing room unless approved as accommodations. Applicants are allowed to bring water bottles for personal consumption. Restrooms are located near the exam rooms; however, applicants are not provided additional testing time to use the restroom.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?

Test question formats	Assistance
<input type="checkbox"/> Braille <input type="checkbox"/> Audio CD <input type="checkbox"/> Large print/ 18-point font <input type="checkbox"/> Large print/ 24-point font	<input type="checkbox"/> Reader <input type="checkbox"/> Typist/Transcriber for MEE/MPT <input type="checkbox"/> Scribe for MBE

Explain your recommendation(s).

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

Test Portion	Standard Time	Extra Time Recommended
MPT	3 hours	
Delaware Essays	3 hours	
MBE Multiple-Choice	3 hours AM 3 hours PM	

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. Provide which particular physical findings or test results, if any, support the recommended time accommodation. If either the amount of time or your rationale is different for different portions of the examination, explain. If relevant, address why “stop the clock”/extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

"Stop the clock"/Extra breaks. Describe the duration and frequency of the recommended "stop the clock"/extra breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and "stop the clock"/extra breaks are necessary.

Other arrangements - describe the recommended arrangements and explain why each is necessary.

IV. PROFESSIONAL'S SIGNATURE

I have attached a copy of all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

I certify that the information on this form is true and correct based upon the information in my records.

Signature of person completing this form

Date signed

Title

Daytime telephone number