

DELAWARE BOARD OF BAR EXAMINERS

FORM 1: APPLICANT REQUEST FOR TEST ACCOMMODATIONS

NOTICE TO APPLICANT

NOTICE TO APPLICANT: This *Form 1* is part of your request for test accommodations on the bar examination. This *Form 1* and all other applicable forms (*Forms A–E*, as applicable) and relevant documentation, as available, shall be submitted with your electronic Application for Bar Examination. If additional space is needed to respond to any item, please attach a separate page.

NOTE: If you are seeking the same accommodations that you were previously granted within the past three years on the Delaware State Bar Examination, another state bar examination, or the MPRE, you need only complete this *Form 1* and *Form E* at this time. In such cases, do not complete *Forms A–D*. Do not forget, however, to attach documentation of the accommodations you previously received and are requesting again.

Applicant's Full Name: _____

Date of birth: _____ NCBE #: _____

I. YOUR DISABILITY STATUS

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

- Learning disability
- AD/HD
- Physical disability
- Visual impairment
- Hearing impairment
- Psychological disability
- Traumatic brain injury
- Other (describe): _____

2. Condition/Diagnosis for which accommodations are requested:

3. List your age when first diagnosed, if known. _____

4. Are you currently being treated? _____

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

5. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

6. Is the treatment or medication effective in controlling or ameliorating symptoms? _____

Please describe remaining symptoms and any side effects of treatment.

II. ACCOMODATIONS REQUESTED

FOR THE CURRENT BAR EXAM (CHECK ALL THAT APPLY):

Test Question Formats		Assistance	
<input type="checkbox"/>	Braille	<input type="checkbox"/>	Reader
<input type="checkbox"/>	Audio CD	<input type="checkbox"/>	Typist/Transcriber for MEE/MPT
<input type="checkbox"/>	Large print/18-point font	<input type="checkbox"/>	Scribe for MBE
<input type="checkbox"/>	Large print/24-point font	<input type="checkbox"/>	Other (described below)

<input type="checkbox"/>	Extra Testing Time - Indicate below how much extra testing time is requested:		
Test Portion	Standard Time	Extra Time Requested	
MPT	3 hours		
ESSAY	3 hours		
MBE (multiple choice)	3 hours each session (AM & PM)		

- Extra breaks also known as “stop the clock” breaks.**
Describe the duration and frequency of the requested “stop the clock” breaks.

- Other.**

For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination. You may separate out disabilities, but that is not required if the functional limitations of multiple impairments are not separately identifiable. You must, however, provide a full explanation for each accommodation requested.

III. HISTORY OF ACCOMMODATIONS

For questions 1 through 7 below, please follow these instructions (please note that multiple responses to an item may be appropriate):

- If you were granted accommodations, check “Yes” below. List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, each educational institution or testing agency that granted the accommodations, and the time frame.
- If you did not request accommodations, check “Not requested.” Explain why you did not request accommodations.
- If you requested but were denied accommodations, in whole or in part, check “Denied.” List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, each educational institution or testing agency, and the reason given by the entity for the denial or partial denial. **Note:** If your request for accommodations was granted in part and denied in part, you should check both “Yes” and “Denied.”
- If you did not attend the type of school or take that exam, check “N/A.”

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1. **Have you previously applied to take the Delaware Bar Examination and submitted a request for accommodations? If so, please provide a copy of all relevant documents.**

Yes No

If yes,

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

2. **Did you receive accommodations for the bar examination taken in another jurisdiction?**

Yes Not requested Denied N/A

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

3. Did you receive accommodations for the Multistate Professional Responsibility Examination (MPRE)?

Yes Not requested Denied N/A

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

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4. Did you receive accommodations in law school?

Yes Not requested Denied N/A

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

5. Did you receive accommodations in college (undergraduate or graduate studies)?

Yes Not requested Denied N/A

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

6. Did you receive accommodations for any of the following standardized tests?

- | | | | | |
|------|------------------------------|--|---------------------------------|------------------------------|
| LSAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| MCAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GRE | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GMAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| SAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| ACT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |

Other Testing
or Professional Licensing: _____

If requested, please explain:

Month/Year accommodations requested for *each* standardized test (identify the test):

Specific accommodations requested for *each* standardized test (identify the test):

Accommodations granted or, if denied, the reason provided by *each* testing entity for the denial:

Condition/Diagnosis for which accommodations requested for *each* testing entity:

If not requested, explain why:

7. If known, did you receive accommodations or disabled-student services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?

Yes Not requested Denied N/A Unknown

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

8. If known, did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or a 504 Plan?

Yes Not requested Denied N/A Unknown

Month/Year accommodations requested: _____

Specific accommodations requested: _____

Accommodations granted or, if denied, the reason provided by the entity for the denial:

Condition/Diagnosis for which accommodations requested: _____

If not requested, explain why:

IV. SUPPORTING DOCUMENTATION

It is strongly preferred that requests for accommodations are supported by documentation from third parties, which, if available, you must provide with this completed *Form 1: Applicant Request for Test Accommodations*. If you are unable to provide documentation, explain why in the space provided below. ***Please also review the Notice to Applicant and General Instructions for Requesting Test Accommodations for more information on supporting documentation.***

Medical Documentation

Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave or can confirm the diagnosis (or diagnoses) which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability. Depending on the nature of the disability, the same qualified professional may be able to provide documentation for accommodations requested for multiple impairments.

Verification of Accommodations History

Provide verifying documentation of your accommodations history. Submit a *Form D: Verification of Accommodations History* completed by each educational institution or testing entity from which you requested accommodations in the past, whether granted or denied. Alternatively, you may provide other evidence of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The evidence should identify the time frame and the nature of the disability for which any accommodations were granted or denied. See the General Instructions for Requesting Testing Accommodations, Step 2, for additional information.

Documentation/Evidence Unavailable

If the documentation/evidence requested is unavailable (e.g., information dating back to high school), please indicate why you are unable to obtain it and the efforts you made to do so.

Additional Information

If there is anything else you would like the Delaware Board of Bar Examiners to know about your disability or disabilities, and need for accommodations, including, but not limited to, the reason for absence of any documentation/evidence or barriers to accessing qualified professionals, you may provide a personal narrative (below or as an attachment).

V. APPLICANT CHECKLIST

Review and mark the appropriate lines to indicate the documents you are submitting to request accommodations. ***Please also review the Notice to Application and General Instructions for Requesting Test Accommodations for more information.***

1. The following disability verification form(s) with comprehensive evaluation report(s) and/or relevant records attached

- Form A: Physical Disability Verification (Non-Visual)*
- Form B: Visual Disability Verification*
- Form C: Learning Disability/ADHD/Psychological Disability Verification*

2. Form D: Verification of Accommodations History completed by each entity from which you previously requested accommodations and a copy of notification letters

- Not applicable (if you have never requested accommodations before)
- Bar exam agency in another jurisdiction
- MPRE
- Law school
- Undergraduate or graduate studies
- Standardized tests (LSAT, MCAT, GRE, GMAT, SAT, ACT)
- Individualized Education Plan (IEP) or 504 Plan
- High school, middle school and/or elementary school (other than IEP or 504 Plan)
- Other: _____

3. Academic Transcripts & Scores

- Not applicable
- Law school transcript(s)
- Undergraduate transcript(s)
- LSAT score(s)
- MPRE score (if already taken)
- Other standardized exam scores (ACT, SAT, GRE, or other graduate entrance exams)
- Elementary, middle, and high school transcripts

4. Request Form

- Completed and signed *Applicant Request for Test Accommodations*
- [Optional] Personal narrative
- This completed checklist

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VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND CORRECT

Complete the below affirmation by initialing:

_____ Initial	The information I have provided in support of this <i>Form 1: Applicant Request for Test Accommodations</i> is true and complete.
_____ Initial	I understand that if the Delaware Board of Bar Examiners determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Delaware Board of Bar Examiners reserves the right to treat such conduct as a character and fitness issue.
_____ Initial	I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Delaware Board of Bar Examiners, and I authorize such disclosure.
_____ Initial	I understand and agree my complete <i>Form 1: Applicant Request for Test Accommodations</i> and all necessary documentation and information must be submitted with my electronic bar exam application to be considered for the current bar exam. Requests for accommodations which are not complete or not timely filed may be rejected. Extensions will not be granted and late requests will not be considered without good cause for failing to request in a timely manner.

Applicant Signature

Date signed

Signature of individual on behalf of applicant
(if applicant unable to sign)

Date signed