IN THE SUPREME COURT OF OHIO
BEFORE THE BOARD OF BAR EXAMINERS

In the Matter of the Request of

STATEMENT OF
APPLICANT – OLC

for Testing Accommodations

Please print or type. Attach additional pages if necessary.

Applicant Name :	
Address:	
Email:	
Telephone Number:	

Nature of the Disability for which you are requesting accommodations. (Check all that apply):

☐	Visual Disability	☐	Psychological Disability	☐	Other
☐	Hearing Disability	☐	Specific Learning Disability		
☐	Other Physical Disability	☐	ADHD		

1) Describe the nature of your disability or disabilities that is/are the basis for your request for accommodations. Please be specific, including the name of your diagnosis and when the disability was first diagnosed by a qualified professional (month and year).

2) Briefly explain the impact of your disability on your ability to take the bar examination under standard testing conditions. Further, briefly explain how your disability substantially limits one or more major life activities.

Requested Accommodations:

In order to request accommodations, you must provide an explanation for each request and you must have at least one Disability Form completed by your medical provider. (**Disability Forms can be found on our website. Please use the Disability Form that corresponds with your specific disability.**

Your qualified professional(s) completing the Disability Form must provide:

(a) A rationale for the recommended accommodations; and

(b) Submit supporting documentation (i.e. medical records, test results, etc.) that the recommended accommodations are necessary to ameliorate the effects of your disability without fundamentally altering the nature of the exam.

A – Additional Test Time

If you are requesting additional test time, you must specify the amount of additional time. **Please note, requests for extended time that fundamentally alter the nature of the exam may not be considered reasonable. Select one option.**

Standard Time	Extra Time Requested
2 hours (50 multiple choice questions)	☐ None ☐ 25% ☐ 33% ☐ 50% ☐ 100%

Explain why the extra time you have requested is necessary to ameliorate the effects of your disability.

B – Test Format/Accessibility

Format Type	
Screen Reader Software, No Scribe	☐
Screen Reader Software, With Scribe	☐

Explain why a change to your test format is needed and indicate what software you intend to use on your laptop if the accommodation is granted. Please note, the exam software is compatible with most screen readers, but will not support dictation. If you would normally need to dictate your answers, you would need to provide a scribe to assist you.

C - Other Requests

Describe any other requests and explain why these requests are necessary to alleviate the impact of your disability in the contact of taking the OLC.

History of Accommodations:

In answering these questions, use these instructions.

If you were granted accommodations, check "yes" and check the boxes indicating the type of accommodation granted. Explain the condition or diagnosis for which accommodations were requested.

If you did not request accommodations, check "no request" and explain why you did not request accommodations.

If you were denied accommodations, check "denied". Explain the condition or diagnosis for which the accommodations were requested, the accommodations requested, the entity denying the request and the reason given for the denial.

If you answered "yes" to receiving accommodations in undergrad or law school, you must submit a Certificate of Accommodations from the issuing office. This form can be found on our website.

Did you receive testing accommodations while you were enrolled in an undergraduate institution? If no request was submitted or the request was denied, please explain.	☐ Yes ☐ Private Room ☐ Distraction-Reduced Room ☐ Additional Time - ____% Additional ☐ Denied ☐ No Request ☐ Other
Did you receive testing accommodations while you were enrolled in law school? If accommodations were granted, you **must submit a transcript from the law school that granted the accommodations**. An unofficial transcript can be submitted. If no request was submitted or the request was denied, please explain.	☐ Yes ☐ Private Room ☐ Distraction-Reduced Room ☐ Additional Time - ____% Additional ☐ Denied ☐ No Request ☐ Other

Other Exams/Accommodations Granted

Did you receive testing accommodations for any other admissions/standardized exams, or from an employer? For each of the following, please use the dropdown to select the proper answer. For each exam you have taken, please specify the dates of the exam, the accommodations granted (if applicable), and provide proof of any granted accommodations. If no request was submitted or the request was denied by a testing entity, please explain.

IEP/504 Select One

ACT Select One

SAT Select One

LSAT Select One

MPRE Select One

Bar Exam Select One
(in a different jurisdiction)

Additional Documentation

1) List the name of each medical or psychological authority that is providing a Disability Form. (**The Disability Forms can be found on our website.**)

2) List the name of each educational institution that is providing a Certificate of Accommodations. If you have been granted accommodations by an employer, they must also provide a Certificate of Accommodations. (**This form can be found on our website.**)

I understand that my request for testing accommodations must be properly submitted pursuant to the Ohio Board of Bar Examiners' ("Board") "Policy on Applicants with Disabilities" and must include: (1) a completed and signed Statement of Applicant; (2) at least one Disability Form that has been completed by a qualified professional and includes copies of all requested records; and, if applicable, (3) a Certificate of Accommodations.

I understand that it is my responsibility to ensure that all forms are properly submitted and that each form has been completed in its entirety, including any records or additional information that is required to be attached to that form. I understand that the Board may reject for consideration any request that is incomplete. **I attest that I have read and understand the Board's Policy on Applicants with Disabilities.**

Signature of Applicant

_____

Date

_____