

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

In the Matter of the Request of

STATEMENT OF
APPLICANT

for Testing Accommodations

Your responses must be typed.

Applicant Name:	
Address:	
Email:	
Telephone Number:	
Exam (Feb./July, Year):	

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

<input type="checkbox"/>	Visual Disability	<input type="checkbox"/>	Psychological Disability	<input type="checkbox"/>	Other
<input type="checkbox"/>	Hearing Disability	<input type="checkbox"/>	Specific Learning Disability	<input type="checkbox"/>	
<input type="checkbox"/>	Other Physical Disability	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	

- 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.

- 2) When was your disability first diagnosed by a qualified professional (mm/yyyy)?

- 3) 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 requested for each three-hour session. **Please note, requests for extended time that fundamentally alter the nature of the examination may not be considered reasonable.**

Test Portion	Standard Time	Extra Time Requested
MPT	3 hours for 2 MPT items	<input type="checkbox"/> None * <input type="checkbox"/> 25% * <input type="checkbox"/> 33% * <input type="checkbox"/> 50% ** <input type="checkbox"/> 100% ***
MEE	3 hours for 6 essays	<input type="checkbox"/> None * <input type="checkbox"/> 25% * <input type="checkbox"/> 33% * <input type="checkbox"/> 50% ** <input type="checkbox"/> 100% ***
MBE	3 hours AM (1-100) 3 hours PM (101-200)	<input type="checkbox"/> None * <input type="checkbox"/> 25% * <input type="checkbox"/> 33% * <input type="checkbox"/> 50% ** <input type="checkbox"/> 100% ***

*Generally, applicants granted standard time, 25% additional testing time, or 33% additional testing time will test over two days (Tuesday – Wednesday).

**Generally, applicants granted 50% additional testing time will test over three days (Tuesday – Thursday).

***Generally, applicants granted 100% additional testing time will test over four days (Tuesday – Friday).

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

B – Testing Space – Please choose one of the following, if applicable:

- Semi-private/distraction-reduced testing space (A semi-private space may be a small group setting of similarly accommodated applicants held in a large classroom-style space.)
- Private testing space

If you are requesting a semi-private or private room, explain why this accommodation would be necessary, and why it alleviates the impact of your disability in the context of taking the bar exam.

C – Test Format/Accessibility:

<u>Format Type</u>	<u>MBE</u>	<u>Written</u>
Braille	<input type="checkbox"/>	<input type="checkbox"/>
Large Print Exam (18-point font)	<input type="checkbox"/>	<input type="checkbox"/>
Large Print Exam (24-point font)	<input type="checkbox"/>	<input type="checkbox"/>
Scribe	<input type="checkbox"/>	<input type="checkbox"/>
Reader	<input type="checkbox"/>	<input type="checkbox"/>
Screen Reader	<input type="checkbox"/>	<input type="checkbox"/>

Explain why a change to your test format is needed. If you are requesting a screen-reader, please specify whether you are also requesting the ability to dictate your answer. If an applicant is granted a scribe and/or reader on any portion of the examination, the scribe/reader must be approved by the Board. The scribe/reader cannot be related to the applicant by blood or marriage, nor can they have a background in the legal profession.

D – Other Requests (e.g. adaptive/medical devices, food, off-the-clock breaks):

Describe your other requests and explain why these requests are necessary to alleviate the impact of your disability in the context of taking the bar exam.

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.

<p>Did you receive testing accommodations while you were enrolled in an <u>undergraduate institution</u>?</p> <p>If no request was submitted or the request was denied, please explain.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Distraction-reduced</p> <p><input type="checkbox"/> Add'l Time</p> <p>Specify amount of add'l time:</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p>
<p>Did you receive testing accommodations while you were enrolled in <u>law school</u>? <u>If accommodations were granted, please submit a transcript from the law school that granted the accommodations.</u></p> <p>If no request was submitted or the request was denied, please explain.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Distraction-reduced</p> <p><input type="checkbox"/> Add'l Time</p> <p>Specify amount of add'l time:</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p>

Other Admissions/Standardized Exams:

Did you receive testing accommodations for any other admissions/standardized exam? For each exam, 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, please explain.

SAT

ACT

LSAT

MPRE

Other Bar Exam

Employment Accommodations:

Have you sought accommodations from an employer? Yes No

If your answer is yes, please provide a name, address and telephone number of your employer(s) below and submit a Certificate of Accommodations from each employer from whom you sought accommodations. **(This form can be found on our website.)**

Additional Documentation:

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

2) List the name of each educational facility that is providing a Certificate of Accommodations. **(This form can be found on our website.)**

I understand that my request for testing accommodations must be submitted by the deadline set forth in the Ohio Board of Bar Examiners' "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 and signed 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 submitted by the deadline 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 of Bar Examiners may reject for consideration any request that is incomplete or not submitted by the deadline. **I attest that I have read and understand the Board's Policy on Applicants with Disabilities.**

Signature of Applicant

Date