# DISABILITY FORM 6: PHYSICAL 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 test				
accommodations on the bar examination for you on the basis of a physical disability. Please 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: [SSN]:				
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 Ohio Board of Bar Examiners (Board) or consultant(s) of the Board.				
Signature of applicant Date				

#### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Ohio Bar Examination. 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 physical disability. The Board also requires the qualified professional to complete this form. If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Please 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 Ohio Bar Examination. We appreciate your assistance.

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

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. Print or type your responses to the items below. Return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission, or directly to testingaccommodations@sc.ohio.gov.

### I.EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form:			
Ac	ldress:		
Те	lephone: Fax:		
E-1	mail:		
	ecupation and specialty:		
	cense number/State:		
	me of Licensing Board (e.g., nursing, psychology, medical, counseling/social work/marriage, and nily therapy, etc.)		
	escribe your qualifications and experience to diagnose and/or verify the applicant's condition or pairment and to recommend accommodations.		
II	. DIAGNOSIS AND RESULTING FUNCTIONAL LIMITATIONS		
1.	What is the specific diagnosis (including diagnosis code) for which the applicant requests test accommodations?		
2.	Describe the nature of the physical 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 disability first diagnosed?				
	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.	Provide the date of your last complete evaluation of the applicant				
6.	Is this a permanent condition/impairment? If no, when is it likely to abate?	☐ Yes ☐ No			

Does the severity of the condition/impairment fluctuate?
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 examination.
Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.
ACCOMMODATIONS RECOMMENDED FOR THE

## III. ACCOMMODATIONS RECOMMENDED FOR THE OHIO BAR EXAMINATION (CHECK ALL THAT APPLY)

The Ohio Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 4:00 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from 12:00 p.m. to 1:00 p.m. each day.

The first day consists of two performance test (MPT) questions in the morning session and six essay questions (MEE) in the afternoon session. The MPT and MEE 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 not allowed to bring food, beverages other than water, or other items into the testing room unless approved as accommodations. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs provided by the Bar Admissions Section. They may leave the room only to use the restroom or drinking fountain, within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation(s) do you recommend? (Check all that apply.)

Test question formats:
☐ Braille
☐ Large print/18-point font
$\square$ Large print/24-point font
Assistance:
Screen Reader/Dictation software
Written portion
MBE portion
Scribe/Reader
☐ Written portion
☐ MBE portion
Ability to circle answers in the MBE test booklet
Explain your recommendation(s).
Extra testing time. Indicate below how much extra testing time is recommended:

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	Test Portion	Standard Time	Extra Time Recommended
	MPT/Performance	3 hours	☐ 25% ☐ 33% ☐ 50% ☐ 100% ☐ No extra time
	MEE/Essay	3 hours	☐ 25% ☐ 33% ☐ 50% ☐ 100% ☐ No extra time
	MBE/Multiple-Choice	3 hours AM 3 hours PM	☐ 25% ☐ 33% ☐ 50% ☐ 100% ☐ No extra time
of e	xtra time recommended. If either	the amount of time explain. If relevant, a	e how you arrived at the specific amount or your rationale is different for different ddress why extra breaks or longer breaks al limitations.
	extra breaks are necessary and de	escribe how you arrive commending extra te	the recommended breaks. Explain why wed at the length or frequency of breaks esting time, explain why both extra
	noise-cancelling earphones etc.).	. Describe the recomnat depending on the	ng time per day, lamp, medication, mended arrangements and explain why items needed, it will be the applicant's to the exam.

### I.PROFESSIONAL'S SIGNATURE

I have attached a copy of the comprehensive evaluation report and 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.				
Title	Daytime telephone number			