

# 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:

Applicant ID:

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](mailto:testingaccommodations@sc.ohio.gov).**

## I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form:

Address:

Telephone:

Fax:

Email:

Occupation and specialty:

License number/State:

Name of Licensing Board (e.g., nursing, psychology, medical, counseling/social work/marriage, and family therapy, etc.)

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment 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? Yes    No

If no, when is it likely to abate?

7. Does the severity of the condition/impairment fluctuate? Yes    No

If yes, describe the settings and/or circumstances affecting severity that are relevant to taking the bar examination.

8. 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.

9. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

### **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
- Large print/24-point font
  - Written portion
  - MBE portion

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:

Test Portion	Standard Time	Extra Time Recommended
MPT/Performance	3 hours	<input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> No extra time
MEE/Essay	3 hours	<input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> No extra time
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> No extra time

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

Extra breaks. Describe the duration and frequency of the recommended 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 extra breaks are necessary.

Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, noise-cancelling earphones etc.). Describe the recommended arrangements and explain why each is necessary. Please note that depending on the items needed, it will be the applicant's responsibility to bring these specific items with them to the exam.

#### IV. 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.

Signature of person completing this form

Date signed

Title

Daytime telephone number