

DISABILITY FORM 5: VISUAL DISABILITY VERIFICATION - OLC

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 Ohio Law Component (OLC) for you on the basis of a visual 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:

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 Law 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 OLC. All such requests must be supported by a comprehensive diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a visual disability. The Board requires the qualified professional to complete all questions on this form that pertain to the applicant's visual impairment. Reference specific tests or other objective data and clinical observations and **attach copies of relevant test results**. We appreciate your assistance.

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. **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:

Address:

Telephone:

Fax:

E-mail:

Occupation and specialty:

License number/Certification/State:

Name of Licensing Board (e.g., vision professionals, nursing, psychology, medical, counseling/
social work/marriage, 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

1. What is the applicant's current diagnosis? Include a statement as to whether the condition is
stable or progressive.

2. Please state the applicant's best corrected visual acuities for distance and near vision.

III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY ADDRESS RELEVANT AREAS.

1. Please describe the applicant's eye health (both external and internal evaluations).

2. Visual Field: threshold or Estermann field, not confrontation (provide measurements and copies of reports). If visual distortions are claimed, include Amsler grid or similar findings.

3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

4. Accommodative Skills: at near point, with and without lenses (provide measurements)

5. Oculomotor Skills: saccades, pursuits, tracking

IV. FUNCTIONAL LIMITATIONS

Describe the functional impact, if any, of the applicant's visual condition on the applicant's reading ability.

V. ACCOMMODATIONS RECOMMENDED FOR THE OLC (CHECK ALL THAT APPLY)

The OLC is a timed, closed-book, multiple-choice examination administered in one two-hour session. The OLC is administered at least four times a year, consisting of 50 multiple choice questions. Applicants record their answers using a computer program. The examination is administered using remote proctoring technology. Applicants are not allowed to bring food, beverages, or any other items into the testing room unless approved as accommodations.

Applicants who need assistance with answering multiple-choice questions will need a scribe to assist them.

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.)

Assistance:

- ☐ Screen Reader Software, No Scribe
- ☐ Screen Reader Software, With Scribe

Explain your recommendation(s).

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- ☐ Extra testing time. Indicate below how much extra testing time is recommended:

	Standard Time	Extra Time Recommended - Select One
OLC	2 hours	☐ 25% ☐ 33% ☐ 50% ☐ 100% ☐ No extra time

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended.

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Do you have any other recommendations regarding accommodations for this applicant? If so, please explain the recommendation and the rationale you used in making that recommendation.

[illegible]

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 Professional

Date signed

Title

Daytime telephone number