



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500**

**FORM B
TESTING ACCOMMODATIONS – PHYSICAL DISABILITIES
VERIFICATION**

(Please print or type; must be legible)

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 testing accommodations on the First-Year Law Students' Examination or the California 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:

File Number:

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 Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the California First-Year Law Students' Examination or the California 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 examination on the basis of a physical disability. The Committee of Bar Examiners 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 examination administered by the Committee of Bar Examiners. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Committee of Bar Examiners 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 Committee of Bar Examiners 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 to the applicant for submission to the Committee of Bar Examiners.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Occupation and specialty: _____

License number/Certification/State: _____

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? _____

5. 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.

6. Provide the date of your last complete evaluation of the applicant. _____

7. Is this a permanent condition/impairment? Yes No

If no, when is it likely to abate?

8. 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 first-year examination or the bar examination.

9. 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 first-year examination or the bar examination.

10. 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 FIRST-YEAR LAW STUDENTS' EXAMINATION OR CALIFORNIA BAR EXAMINATION (check all that apply)

The California Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 2:00 p.m. to 5:00 p.m. on Tuesday, Wednesday and Thursday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The first day consists of three essay questions in the morning session and one Performance Test question in the afternoon session. The written portions of the examination 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. The third day has the same schedule as the first day.

The First-Year Law Students' Examination is a timed written examination administered in a four-hour session from 8:00 a.m. to noon and a three-hour session administered in the afternoon on a Tuesday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The morning session consists of four essay questions. The essay questions 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 afternoon session consists of 100 multiple-choice questions (MBE). Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination. The third day has the same schedule as the first day.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, or other items into the testing room unless approved as accommodations. All applicants may bring medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They may leave the examination 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 (or accommodations, if more than one would be appropriate) do you recommend?

Alternative Formats

- Audio CD version of the Examination
- Large Print Examination Materials
(check one: 18 pt. or 24 pt.)
- Computer with SofTest installed
- Private Room
- Semi-private Room
- Microsoft Word document on data CD for use
with screen-reading software (for written
sessions)
- Other _____

Personal Assistance

- Dictate to a Typist
- Reader
- Assistance with multiple-choice
answer sheet (Scantron sheet)
- Dictate to a Tape Recorder

Please provide rationale for requests indicated: _____

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination. **All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.**

Essay: Specify the amount of additional test time needed per session and rationale: _____

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

IV. CONFIDENTIALITY

Confidentiality policies of the Committee of Bar Examiners/Office of Admissions of The State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

V. PROFESSIONAL'S SIGNATURE

I have attached copies of all records, test results, or reports that I relied upon in making this 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 Licensed Professional)

(Date)

The Committee of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.