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 H

VISUAL 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 testing accommodations on the First-Year Law Students' Examination or the California Bar Examination for you on the basis of a mental 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 diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on an examination administered by the Committee of Bar Examiners on the basis of a visual disability. The Committee of Bar Examiners 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 test results**, if relevant. Your assistance is appreciated.

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

III. 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.

_____

_____

3. When was the applicant's visual disability first diagnosed?

4. Did you make the initial diagnosis? ☐ Yes ☐ No

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 first-year or bar examination.

_____

_____

_____

_____

IV. Diagnosis-Specific Findings. Only Address Relevant Areas.

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

_____

_____

_____

2. Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

_____

_____

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

_____

_____

V. FUNCTIONAL LIMITATIONS

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

_____

_____

_____

2. 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.

_____

_____

_____

_____

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

_____

_____

_____

_____

VI. 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?

Test question formats:

☐ Braille

☐ Audio CD

☐ Microsoft Word document on data CD for use with screen-reading software (for essay and Performance Test sessions)

☐ Large print/18-point font

☐ Large print/24-point font

Assistance:

☐ Reader

☐ Typist/Transcriber for MEE/MPT

☐ Scribe for MBE

Explain your rationale for your recommendation(s).

_____

_____

_____

_____

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

Test Portion	Standard Time	Extra Time Recommended
Bar Examination Essay First-Year Essay	3 hours 4 hours	
Performance Test	3 hours	
MBE/Multiple-Choice	3 hours	

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.

_____

_____

_____

☐ Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

_____

_____

_____

VII. Professional's Signature

I have attached a copy of 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