



State of Rhode Island Judiciary

Supreme Court – Clerk’s Office

Licht Judicial Complex
250 Benefit Street
Providence, RI 02903

Applicant Request for Test Accommodations

Notice to Applicant: This form is part of your request for test accommodations on the Rhode Island Bar Examination. This form and all other applicable forms and required documentation must be filed at the same time as your application for admission. If additional space is needed to respond to any item, please attach a separate page.

Full name: _____ Date of birth: _____

Address: _____

I. Your Disability Status

1. Check the disability or disabilities for which you are requesting accommodations.

- Learning disability
- Attention-deficit/hyperactivity disorder (AD/HD)
- Physical disability
- Visual impairment
- Hearing impairment
- Psychological disability
- Other (describe) _____

2. List your age when first diagnosed. _____

3. Are you currently being treated? Yes No

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

4. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list “none.”

5. Is the treatment or medication effective in controlling symptoms? Yes No Not applicable
If no, describe remaining symptoms and any side effects.

6. **Optional:** If there is anything else you would like the Board of Bar Examiners (BBE) to know about your disability and need for accommodations, you may attach a personal narrative.
 Yes No

II. History of Accommodations

For questions 1 through 5 below, please follow these instructions.

If you were **granted** accommodations, check “Yes.” List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time frame.

If you **did not request** accommodations, check “Not requested.” Explain why you did not request accommodations.

If you were **denied** accommodations, in whole or in part, check “Denied.” List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, and the reason given by the entity for the denial.

If you did not attend the type of school or take that exam, check “Not applicable.”

Note: If your request for accommodations was granted in part and denied in part, you should check both “Yes” and “Denied.”

1. Did you receive accommodations for the bar examination taken in another jurisdiction?
 Yes Not requested Denied Not applicable

2. Did you receive accommodations for the Multistate Professional Responsibility Examination (MPRE)?
 Yes Not requested Denied Not applicable

3. Did you receive accommodations in law school?
 Yes Not requested Denied Not applicable

4. Did you receive accommodations in college (undergraduate or graduate studies)?
 Yes Not requested Denied Not applicable

5. Did you receive accommodations for any of the following standardized tests?

- | | | | | |
|------|------------------------------|--|---------------------------------|---|
| LSAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> Not applicable |
| MCAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> Not applicable |
| GRE | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> Not applicable |
| GMAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> Not applicable |
| SAT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> Not applicable |
| ACT | <input type="checkbox"/> Yes | <input type="checkbox"/> Not requested | <input type="checkbox"/> Denied | <input type="checkbox"/> Not applicable |

6. Did you receive accommodations or disabled-student services in high school, including but not limited to, accommodations or services provided as a result of an Individualized Education Plan (IEP) or a Section 504 plan?

- Yes Not requested Denied Not applicable

7. Did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or a Section 504 plan?

- Yes Not requested Denied Not applicable

III. Accommodations Requested for the Rhode Island Bar Examination (check all that apply)

Test question formats:

- Braille
- Audio compact disc (CD)
- Microsoft Word document on data CD for use with screen-reading software (for the Multistate Essay Exam (MEE) and Multistate Performance Test (MPT) sessions)
- Large print - **18-point font**
- Large print - **24-point font**

Assistance:

- Reader
- Typist or transcriber for MEE or MPT
- Scribe for Multistate Bar Examination (MBE)
- Extra testing time. Indicate below how much extra testing time is requested:

| Test Portion | Standard Time | Extra Time Recommended |
|---------------------|------------------------------|--|
| MPT/Performance | 3 hours a.m. | <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____ |
| MEE/Essay | 3 hours p.m. | <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____ |
| MBE/Multiple-choice | 3 hours a.m. 3 hours p.m. | <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____ |

Extra breaks. Describe the duration and frequency of the requested breaks.

Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the arrangements.

For each accommodation you request, explain why the accommodation is necessary and how the accommodation alleviates the impact of your disability or disabilities in the context of taking the bar examination.

IV. Supporting Documentation

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed Applicant Request for Test Accommodations form. **Review the Instructions for Requesting Test Accommodations for a detailed explanation of the supporting documentation you should submit. Failure to submit the required supporting documentation may result in the BBE being unable to grant your accommodation request(s).**

Medical Documentation: Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

Verification of Accommodations History: Provide verifying documentation of your accommodations history, if any. Submit a Certification of Accommodations History form completed by each educational institution or testing agency (entity) from which you requested accommodations in the past, whether granted or denied. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame (e.g., date/year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an IEP or a Section 504 plan, list the years and please provide the most recent copy of IEP or Section 504 plan. The BBE reserves the right to request additional information.

Academic Transcripts: Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the BBE in some cases.

V. Applicant Checklist

Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting to request accommodations for the Rhode Island Bar Examination. Submit this completed checklist with your request. **Review carefully the Instructions for Requesting Test Accommodations, particularly the section “Steps for Submitting a Complete Request.”**

1. The **applicable** disability verification form with comprehensive evaluation report and/or relevant records is attached.
 - Learning Disability Verification form
 - Attention Deficit/Hyperactivity Disorder Verification form
 - Psychological Disability Verification form
 - Visual Disability Verification form
 - Physical Disability Verification form
2. A Certification of Accommodations History form completed by each entity from which you previously requested accommodations and/or a copy of notification letters.
 - Not applicable (if you have never requested accommodations before)

- Bar examining agency in another jurisdiction
- MPRE
- Law school
- Undergraduate or graduate studies
- Standardized tests (LSAT, MCAT, GRE, GMAT, SAT, ACT)
- IEP or Section 504 plan
- High school (other than IEP or Section 504 plan)
- Elementary or middle school (other than IEP or Section 504 plan)

3. Academic Transcripts (if applicable)

- Not applicable (if you do not have a learning disability or AD/HD)
- Law school transcript(s)
- LSAC Academic Summary Report
- Undergraduate transcripts(s)
- Elementary, middle, and high school transcripts [Optional]

4. Application form

- Completed and signed Applicant Request for Test Accommodations form
- Personal narrative [Optional]
- This completed checklist

I have completed and attached all the required forms and supporting documentation.

Applicant's signature

Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

Signature of individual signing on behalf of the Applicant

Date signed

VI. Certification That Information Supplied is True and Complete

_____ Initial The information that I have provided in support of my request for administrative nonstandard test accommodations is true and complete.

_____ Initial I understand that if the BBE determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the BBE reserves the right to withhold or void my bar examination scores, treat such conduct as a character and fitness issue, or both.

_____ Initial I understand that both my request for administrative nonstandard test accommodations and all supporting documentation may be submitted for evaluation to one (1) or more qualified professionals retained by the BBE, and I authorize such disclosure.

_____ Initial I understand that all necessary documentation and information must be provided to the BBE by the deadline and that my request for administrative nonstandard test accommodations will not be considered if the deadline is missed.

The BBE reserves the right to make a final determination concerning administrative nonstandard testing accommodations and may have this information reviewed by an independent medical or other qualified professional to follow up or ask questions of the treating physician.

Applicant's signature

Date

If you are unable to sign this form, please have someone sign and date in your presence.

Signature of individual signing on behalf of the Applicant

Date