# MICHIGAN BOARD OF LAW EXAMINERS

# GENERAL INSTRUCTIONS FOR REQUESTING TEST ACCOMMODATIONS ON THE MICHIGAN BAR EXAMINATION

The Michigan Board of Law Examiners provides reasonable and appropriate accommodations on the Michigan Bar Examination for qualified applicants with documented disabilities who demonstrate a need for accommodation. The Michigan Bar Examination is a two-day timed examination designed to test the knowledge and skills necessary for one who seeks admission to the State Bar of Michigan.

It is the policy of the Board of Law Examiners to administer the bar examination and all other services of this office in accordance with the Americans with Disabilities Act, as amended (ADA). A qualified applicant with a disability who cannot demonstrate under standard testing conditions that he/she possesses the knowledge, skills, and abilities tested on the bar examination, may request reasonable test accommodations.

The Board of Law Examiners will make reasonable modifications to any policies, practices, and procedures that might otherwise prevent individuals with disabilities from taking the bar examination in an accessible place or manner, provided such modifications do not result in a fundamental alteration to the examination or other admission requirements, impose an undue burden on the administration of the examination, or jeopardize examination security.

Requests for test accommodations will be evaluated on a case-by-case basis. The applicant must submit documentation from one or more qualified professionals that provides information on the diagnosed impairment(s), the applicant's current level of impairment, and the rationale for the accommodations requested on the bar examination. In addition, the applicant must submit verifying documentation of his/her history of accommodations, if any. All documentation will be retained by the Board of Law Examiners and may be submitted to one or more qualified professionals for an impartial review. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the bar examination, although the Board of Law Examiners gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an Individualized Education Plan (IEP) or Section 504 plan.

**DEFINITIONS**

1. *Disability* is a physical or mental impairment that substantially limits one or more of the major life activities of the applicant. In the bar examination setting, the impairment must limit an applicant's ability to demonstrate, under standard testing conditions, that the applicant possesses the knowledge, skills, and abilities tested on the bar examination.

2. *Physical impairment* is a physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body's systems.

3. *Mental impairment* is any mental or psychological disorder such as intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness, or any specific learning disability.

4. *Major life activities* include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

5. *Reasonable accommodation* is an adjustment or modification of the standard testing conditions, or an appropriate auxiliary aid or service, that ameliorates the impact of the applicant's disability without doing any of the following:
   a. fundamentally altering the nature of the bar examination, including but not limited to compromising the validity or reliability of the examination; or
   b. imposing an undue burden on the Board, or
   c. jeopardizing examination security.

6. *Qualified professional* is a licensed physician, psychiatrist, psychologist, or other health care provider who has appropriate training in the field related to the applicant's disability.

**FILING DEADLINE**

An applicant must be registered to sit for the examination in order to submit a request for accommodations. Requests for accommodations will be considered **only after receipt of all required information**. The Applicant Checklist, located at Form 1-Page 7, *must* be submitted with the application.

Applicants with disabilities are subject to the same application deadline as individuals without disabilities. Because some of the accommodation request forms require input from third parties, the appropriate individuals should be asked to complete the forms well in advance of the deadline.

**A timely request for test accommodations for the February administration of the Michigan Bar Examination must be postmarked no later than November 1. Requests will be accepted up to the late registration deadline of December 15, however, late applicants will not have an opportunity to supplement the request or to request an appeal for the current exam administration.**

**A timely request for test accommodations for the July administration of the Michigan Bar Examination must be postmarked no later than March 1. Requests will be accepted up to**

**the late registration deadline of May 15, however, late applicants will not have an opportunity to supplement the request or to request an appeal for the current exam administration.**

**Untimely applications are not considered.**

**Refer to the BLE Rules, Statutes and Policies document on the BLE website for additional information on requesting test accommodations.**

Requests for test accommodations and supporting documentation may be submitted to the Board of Law Examiners, P.O. Box 30052, Lansing, MI 48909-7604.

If sending your request via UPS, FedEx, or expedited U.S. Mail, please submit it to the Board of Law Examiners, 925 W. Ottawa Street, Lansing, MI 48915.

## APPLICANTS RETAKING THE BAR EXAMINATION

An applicant retaking the bar examination who continues to believe that accommodation is needed, must submit a letter stating that he/she requests the same accommodations for that future exam. It is not necessary to resubmit supporting documentation submitted with a previous request, provided the applicant (1) sat for the Michigan Bar Examination within the preceding three years; (2) is requesting the same accommodations that were received previously on the Michigan Bar Examination; and (3) has had no material changes in his/her condition. New supporting documentation is required if there is any change in the accommodations requested. An update to prior medical documentation is required assessing the applicant's *current* functional limitations and ongoing need for accommodations if the nature of the applicant's disability or disabilities is changeable. The Board reserves the right to request an update to prior documentation in all cases if it determines that the prior documentation is insufficient to establish the applicant's current level of impairment and need for accommodations.

## APPEALS

If a request is denied or granted with modifications, a notice of that decision will be sent to the applicant at the address provided by the applicant on the initial request. That address must be one at which UPS, FedEx, or U.S. Postal Service Priority Mail can be received. The notice will be sent via second-day tracked delivery.

The notification letter will include the basis for any denial or modification and may include excerpts of a consultant's evaluation. The notification letter will also include information on the appeal process.

Applicants submitting ADA requests by the on-time deadline may file an appeal of the Executive Director's denial or modification of the requested accommodations for the current exam administration. Applicants submitting ADA requests after the on-time deadline, but before the close of registration, may elect to submit an appeal for the next exam administration and to sit for the current exam without accommodations or with any modified accommodations as outlined in the notification letter. Late deadline applicants will not be charged the exam transfer fee if they choose to delay sitting for the exam while undergoing the appeal process. The Board will use its best efforts to accommodate late deadline applicants in order to allow them to sit for the

current exam with any additional accommodations granted on appeal. Due to the time entailed to secure special accommodations proctors, rooms, and other arrangements, the Board cannot guarantee this and stresses the importance of submitting accommodations requests during the on-time registration period.

Original signed and notarized appeals **must be received** at the Board's office no later than 14 days from the date the Executive Director's notification letter is sent. There is no specific form to file an appeal. Applicants may appeal the decision to the Board by filing a petition responding to the Executive Director's stated reason(s) for the denial or modification. The petition must attest to the truth and accuracy of the statements made therein, be made under penalty of perjury, and be notarized. Appellate review of the initial accommodations decision shall be based on information previously provided for pre-appeal consideration. Applicants are not allowed to supplement the record on appeal. Late or nonconforming appeals will not be considered.

The Board will consider an appeal as soon as practical. Oral argument is not permitted. The review will be conducted in closed session either at a regular meeting or one specifically convened by teleconference. The Board may affirm, reverse, or modify the Executive Director's decision. Applicants will be notified of the Board's decision via second-day tracked delivery.

**STEPS FOR SUBMITTING A COMPLETE REQUEST**

**This application packet contains seven separate forms; you need only submit those forms and documents that pertain to your particular disability.** Please carefully review the information below to ensure that you submit a complete request. A checklist is provided on Form 1-Page 7, which you must complete and submit with your request. All required forms and documentation must be submitted together by the deadline.

**IMPORTANT NOTE: Some of the forms that must be submitted with your request must be completed by third parties and returned to you for submission to the Board.** Make certain that you request completion of these forms by the third parties in a timely manner so that you are able to submit your request by the deadline.

STEP 1: **Have a qualified professional complete the applicable disability verification form and return it to you for submission to the Board.** There are separate forms for learning disabilities, AD/HD, psychological disabilities, visual disabilities, and physical disabilities. You will need to complete the top portion of the applicable disability verification form and request that your qualified professional complete the rest of the form and return it to you. Your qualified professional should attach to the completed disability verification form a comprehensive evaluation report and/or relevant records, as specified in the form.

STEP 2: **Gather verifying documentation of your history of accommodations requests, if any.** Submit a Form 7: Certification of Accommodations History completed by each educational institution or testing agency (hereinafter "entity") from which you requested accommodations, whether your request was granted or denied. Complete the top portion of the form and request that the entity complete the rest of the form and return it to you for submission to the Board.

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., third 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 Individualized Education Plan (IEP) or a 504 Plan, please provide copies of all IEPs or 504 plans.

STEP 3: **If the nature of your disability is AD/HD or a learning disability, provide transcripts.** Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Photocopies of transcripts are acceptable for this purpose. You can obtain your LSAC Academic Summary Report by logging in to your LSAC account at www.lsac.org. Click on "Transcripts," then click on "Academic Summary Report," and print the report. If you have trouble obtaining the report, contact an LSAC representative at 215-968- 1001.

Learning disabilities and AD/HD are developmental disorders with childhood onset, even if not diagnosed until adulthood. Transcripts or report cards of your elementary, middle school, and high school education, while not required, are useful in providing evidence of symptoms and impairment present during childhood. The Board reserves the right to request such academic records in particular cases.

STEP 4: **Complete and sign Form 1: Applicant Request for Test Accommodations.** Attach all relevant forms and documents, as indicated above, so that all required documentation is provided in one submission. **Submit the original and two copies of all relevant forms and documentation to the Board of Law Examiners, P.O. Box 30052, Lansing, MI 48909-7604.**

**If sending UPS, Fed Ex, or expedited U.S. Post, please send to Board of Law Examiners, 925 West Ottawa Street, Lansing, MI 48915.**

Partial or nonconforming filings will be returned without consideration and may be corrected if re-submitted before the deadline. Untimely applications are not considered.

# FORM 1: APPLICANT REQUEST FOR TEST ACCOMMODATIONS

**NOTICE TO APPLICANT:** This form is part of your request for test accommodations on the bar examination. This form and all other applicable forms and required documentation must be filed at the same time as your application for examination. If additional space is needed to respond to any item, please attach a separate page.

Full name: _____

Date of birth: _____

Address: _____

Phone number: _____

E-Mail address: _____

## I. YOUR DISABILITY STATUS

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

| | |
|---|---|
| ☐ Learning disability | ☐ Hearing impairment |
| ☐ AD/HD | ☐ Psychological disability |
| ☐ Physical disability | ☐ Other (describe) _____ |
| ☐ Visual impairment | _____ |

2. List your age when first diagnosed. _____

3. Please describe your specific disability and the resulting impairments you experience in your daily life. Please identify specific past experiences that demonstrate the manner in which your disability substantially limits one or more of your major life activities. *



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

4. Please identify all qualified professionals who have tested, evaluated or assessed you relative to the disability or disabilities identified above within the last five years.

5. Are you currently being treated? ☐ Yes ☐ No

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

6. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

7. Is the treatment or medication effective in controlling symptoms? ☐ Yes ☐ No ☐ N/A
   If no, describe remaining symptoms and any side effects.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

8. [**Optional**] If there is anything else you would like the Board to know about your disability and need for accommodations, you may attach a personal narrative.

## 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 "Requested but 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. Note: if your request for accommodations was granted in part and denied in part, you should check both "Yes" and "Requested but Denied."

1. Did you receive accommodations for a bar examination taken in another jurisdiction?

☐ Yes ☐ Not requested ☐ Requested but Denied ☐ N/A

2. Did you receive accommodations for the Multistate Professional Responsibility Examination (MPRE)?

☐ Yes ☐ Not requested ☐ Requested but Denied ☐ N/A

3. Did you receive accommodations in law school? *

☐ Yes ☐ Not requested ☐ Requested but Denied ☐ N/A



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

4. Did you receive accommodations in college (undergraduate or graduate studies)?

☐ Yes ☐ Not requested ☐ Requested but Denied ☐ N/A

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

| | | | | |
|---|---|---|---|---|
| LSAT | ☐ Yes | ☐ Not requested | ☐ Requested but Denied | ☐ N/A |
| MCAT | ☐ Yes | ☐ Not requested | ☐ Requested but Denied | ☐ N/A |
| GRE | ☐ Yes | ☐ Not requested | ☐ Requested but Denied | ☐ N/A |
| GMAT | ☐ Yes | ☐ Not requested | ☐ Requested but Denied | ☐ N/A |
| SAT | ☐ Yes | ☐ Not requested | ☐ Requested but Denied | ☐ N/A |
| ACT | ☐ Yes | ☐ Not requested | ☐ Requested but Denied | ☐ N/A |

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 504 Plan?

☐ Yes ☐ Not requested ☐ Requested but Denied ☐ N/A



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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 504 Plan?

☐ Yes ☐ Not requested ☐ Requested but Denied ☐ N/A

## III. ACCOMMODATIONS REQUESTED FOR THE MICHIGAN BAR EXAMINATION (CHECK ALL THAT APPLY)

1. What accommodations are you requesting:

☐ Test question formats:

- ☐ Braille
- ☐ Audio CD
- ☐ Large print/18-point font
- ☐ Large print/24-point font

☐ Assistance:

- ☐ Reader
- ☐ Scribe

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

| Test Portion | Standard Time | Amount of Extra Time Requested |
|---|---|---|
| MPT<br>MEE | 3 hours-A.M.<br>3 hours-P.M. | |
| MBE/Multiple-Choice | 3 hours-A.M.<br>3 hours-P.M. | |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

☐ Other accommodations. Describe any additional accommodations you are requesting.

2. For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination. If you are requesting extra time, please explain why the particular amount of time you are seeking is appropriate and reasonable in your case.

## IV. SUPPORTING DOCUMENTATION

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed Form 1: Applicant Request for Test Accommodations. **Review the General Instructions for Requesting Test Accommodations for a detailed explanation of the supporting documentation you should submit.**

Medical Documentation

Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis forming the basis for the request for test accommodations. Submit a copy of all reports of any testing, evaluation or assessment relative to your disability or disabilities conducted within the last three years. If you are requesting accommodations based upon more than one disability, you should supply this medical documentation for each disability.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

Verification of Accommodations History

Provide verifying documentation of your accommodations history, if any. Submit a Form 7: Certification of Accommodations History completed by each educational institution or testing agency (hereinafter "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., third 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 504 Plan, please provide copies of all IEPs or 504 Plans.

Academic Transcripts

Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Transcripts or report cards from elementary, middle school, and high school, while not required, are helpful and may be requested by the Board 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 Michigan Bar Examination. Submit this completed checklist with your request. **Review carefully the General 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 attached:**

____ Form 2: Learning Disability Verification

____ Form 3: Attention Deficit/Hyperactivity Disorder Verification

____ Form 4: Psychological Disability Verification

____ Form 5: Visual Disability Verification

____ Form 6: Physical Disability Verification

**2. Form 7: Certification of Accommodations History 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



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

____ MPRE

____ Law school

____ Undergraduate or graduate studies

____ Standardized tests (LSAT, MCAT, GRE, GMAT, SAT, ACT)

____ Individualized Education Plan (IEP) or 504 Plan

____ High school (other than IEP or 504 Plan)

____ Elementary or middle school (other than IEP or 504 Plan)

**3. Academic Transcripts**:

____ Not applicable (if you do not have a learning disability or AD/HD)

____ Law school transcript(s)

____ LSAC Academic Summary Report

____ Undergraduate transcript(s)

____ [**Optional**] Elementary, middle, and high school transcripts

**4. Application form:**

____ Completed and signed Form 1: Applicant Request for Test Accommodations

____ [**Optional]** Personal narrative

____ This completed checklist

____ An original and two complete copies of all forms and documentation

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

_____ _____
Applicant 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 applicant Date signed



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

____Initial The information I have provided in support of my request for test accommodations is true and complete.

____Initial I understand that if the Board of Law Examiners 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 Board reserves the right to withhold or void my bar examination scores and/or treat such conduct as a character and fitness issue.

____Initial I understand that my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Board, and I authorize such disclosure.

____Initial I understand that all necessary documentation and information must be provided to the Board by the deadline and that my request for test accommodations will not be considered if the deadline is missed.

____ Initial Initial if you consent to receiving your determination letter via password protected PDF sent to your email on file with the BLE.

_____ _____

Applicant signature Date signed

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

_____ _____

Signature of individual signing on behalf of applicant Date signed



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

# FORM 2: LEARNING 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 accommodations on the bar examination for you on the basis of a learning disability. Before submitting this form to the qualified professional for completion, please read, complete and sign below.

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 Michigan Board of Law Examiners or consultant(s) of the Board.

_____ _____

Signature of applicant Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Michigan Bar Examination. All such requests must be supported by a comprehensive written 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 learning disability. The Board of Law 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Michigan Bar Examination. We appreciate your assistance.

The Board may forward this information to 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 to the Board.**



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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 CURRENT FUNCTIONAL LIMITATIONS

1. Provide the date the applicant was first diagnosed with a learning disability. _____

2. 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.

3. When did you first meet with the applicant? _____

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



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

5. Provide a concise description of your diagnosis, including the specific DSM-V (or most current version) diagnosis.

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities, and specifically address the impact of any functional limitation on the applicant's ability to take the bar examination under standard conditions.

7. If you have sufficient information, describe the applicant's symptoms of the learning disability that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.

8. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? ◯ Yes ◯ No



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant's specific learning disability must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a learning disability normally is lifelong, the severity and manifestations can change. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. **Attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Michigan Bar Examination.** The evaluation report should include the following:

A. an account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;

B. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores and percentiles);

C. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;

D. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and

E. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## III. FORMAL TESTING

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

    - Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores)

    - Woodcock-Johnson III (WJ III): Tests of Cognitive Ability

    - Stanford-Binet Intelligence Scale (4th ed.)

    - Kaufman Adolescent and Adult Intelligence Test

    Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

    - Woodcock-Johnson III (WJ III): Tests of Achievement

    - Wechsler Individual Achievement Test (WIAT)

    - Scholastic Abilities Test for Adults (SATA)

    Please note: The Wide Range Achievement Test: Third Edition (WRAT-3), the Peabody Individual Achievement Test (PIAT, PIAT-R), and the Nelson Denny Reading Test are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

    - Wechsler Memory Scale III

    - Swanson Cognitive Process Test (S-CPT)

    - Test of Adolescent/Adult Wordfinding (TAWF)

    - Information from subtest, index, and/or cluster scores on the WAIS III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A), as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## IV. ACCOMMODATIONS RECOMMENDED FOR THE MICHIGAN BAR EXAMINATION (CHECK ALL THAT APPLY)

The Michigan Bar Examination is given over the course of two days. The essay portion of the examination is given on the first day. It consists of nine questions to be answered during a three-hour morning session and six questions to be answered during a two-hour afternoon session. The applicants have a lunch break lasting approximately 1 1/2 hours between sessions. 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, with 100 questions administered during the morning session and 100 questions administered during the afternoon session. Each session is three hours and the applicants have a lunch break lasting approximately 1 1/2 hours between sessions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per six-foot table or three per eight-foot table (one on the opposing side) in a room with several hundred applicants. Applicants are permitted to bring one clear plastic bottle of water into the testing room per examination session, along with necessary medications and medical items. They are not allowed to bring food, additional beverages, 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. 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 (or accommodations, if more than one would be appropriate) do you recommend?**

☐ Test question formats:

- ☐ Braille
- ☐ Audio CD
- ☐ Large print/18-point font
- ☐ Large print/24-point font

☐ Assistance:

- ☐ Reader
- ☐ Scribe

Explain your recommendation(s). *



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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

| Test Portion | Standard Time | Amount of Extra Time Recommended |
|---|---|---|
| MPT<br>MEE | 3 hours - A.M.<br>3 hours - P.M. | |
| MBE/Multiple-Choice | 3 hours - A.M.<br>3 hours - P.M. | |

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. Describe the recommended arrangements and explain why each is necessary. *



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## V. 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 |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

# FORM 3: ATTENTION DEFICIT/HYPERACTIVITY DISORDER 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 accommodations on the bar examination for you on the basis of AD/HD. Before submitting this form to the qualified professional for completion, please read, complete and sign below.

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 Michigan Board of Law Examiners or consultant(s) of the Board.

_____ _____

Signature of applicant Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Michigan Bar Examination. All such requests must be supported by a comprehensive written 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 AD/HD. 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Michigan Bar Examination. We appreciate your assistance.

The Board may forward this information to 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 to the Board.**



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date the applicant was first diagnosed with AD/HD. _____

2. 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.

3. When did you first meet with the applicant? _____

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



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

5. Describe the applicant's **current** symptoms of AD/HD that cause significant impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities, and specifically address the impact of any functional limitation on the applicant's ability to take the bar examination under standard conditions.

7. If you have sufficient information, describe the applicant's symptoms of AD/HD that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

**ATTACH A COMPREHENSIVE EVALUATION REPORT.** The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Board generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V) (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally insufficient to establish evidence for the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

A. Sufficient numbers of symptoms (delineated in DSM-V) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is "maladaptive" and inconsistent with developmental level. The exact symptoms should be described in detail.

B. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.

C. Objective evidence indicating that current impairment from the symptoms is observable in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.

D. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).

E. Indication of the specific AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

## III. FORMAL TESTING

Psychological testing and self-report checklists **cannot** be used as the sole indicator of AD/HD diagnosis independent of history and interview. However, such findings can augment clinical data. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.).

1. Is there evidence from empirically validated rating scales completed by more than one source that levels of AD/HD symptoms fall in the abnormal range? ☐ Yes ☐ No

   If yes, please provide copies.

2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by AD/HD symptoms? ☐ Yes ☐ No



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

If yes, briefly describe the findings.

3. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?
☐ Yes ☐ No

If yes, briefly describe the findings.

4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) or test anxiety as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems? ☐ Yes ☐ No

If yes, briefly describe the findings.

5. Was testing performed to assess the possibility that a lack of motivation or effort affected test results? ☐ Yes ☐ No

Describe the findings, including the results of symptom validity tests.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## IV. TREATMENT

Is the applicant currently being treated for AD/HD? ☐ Yes ☐ No

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the AD/HD symptoms. If it is effective, explain why accommodations are necessary.

If no, explain why treatment is not being pursued.

## V. ACCOMMODATIONS RECOMMENDED FOR THE MICHIGAN BAR EXAMINATION (CHECK ALL THAT APPLY)

The Michigan Bar Examination is given over the course of two days. The essay portion of the examination is given on the first day. It consists of nine questions to be answered during a three-hour morning session and six questions to be answered during a two-hour afternoon session. The applicants have a lunch break lasting approximately 1 1/2 hours between sessions. 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, with 100 questions administered during the morning session and 100 questions administered during the afternoon session. Each session is three hours and the applicants have a lunch break lasting approximately 1 1/2 hours



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

between sessions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per six-foot table or three per eight-foot table (one on the opposing side) in a room with several hundred applicants. Applicants are permitted to bring one clear plastic bottle of water into the testing room per examination session, along with necessary medications and medical items. They are not allowed to bring food, additional beverages, 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. 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 (or accommodations, if more than one would be appropriate) do you recommend?**

☐ Test question formats:

- ☐ Audio CD
- ☐ Large print/18-point font
- ☐ Large print/24-point font

☐ Assistance:

- ☐ Reader
- ☐ Scrribe

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

| Test Portion | Standard Time | Amount of Extra Time Recommended * |
|---|---|---|
| MPT | 3 hours-A.M. | |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

| Test Portion | Standard Time | Amount of Extra Time Recommended |
|---|---|---|
| MEE | 3 hours-P.M. | |
| MBE/Multiple-Choice | 3 hours-A.M.<br>3 hours-P.M. | |

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. Describe the recommended arrangements and explain why each is necessary.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## VI. 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 |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

# FORM 4: PSYCHOLOGICAL 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 accommodations on the bar examination for you on the basis of a psychological disability. Before submitting this form to the qualified professional for completion, please read, complete and sign below.

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 Michigan Board of Law Examiners or consultant(s) of the Board.

_____ _____

Signature of applicant Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Michigan 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 psychological 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Michigan Bar Examination. We appreciate your assistance.

The Board may forward this information to 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 Board.**



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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 CURRENT FUNCTIONAL LIMITATIONS

1. What is the applicant's DSM-V (or most current version) diagnosis?
   If the diagnosis is not definitive, please list differential diagnoses.

2. Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology. *



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

3. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions. Note: psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

4. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the bar examination.

**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant's psychological disability must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination
- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or "rule out" diagnoses
- prognosis



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## III. ACCOMMODATIONS RECOMMENDED FOR THE MICHIGAN BAR EXAMINATION (CHECK ALL THAT APPLY)

The Michigan Bar Examination is given over the course of two days. The essay portion of the examination is given on the first day. It consists of nine questions to be answered during a three-hour morning session and six questions to be answered during a two-hour afternoon session. The applicants have a lunch break lasting approximately 1 1/2 hours between sessions. 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, with 100 questions administered during the morning session and 100 questions administered during the afternoon session. Each session is three hours and the applicants have a lunch break lasting approximately 1 1/2 hours between sessions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per six-foot table or three per eight-foot table (one on the opposing side) in a room with several hundred applicants. Applicants are permitted to bring one clear plastic bottle of water into the testing room per examination session, along with necessary medications and medical items. They are not allowed to bring food, additional beverages, 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. 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 (or accommodations, if more than one would be appropriate) do you recommend?**

☐ Test question formats:

- ☐ Audio CD
- ☐ Large print/18-point font
- ☐ Large print/24-point font

☐ Assistance:

- ☐ Reader
- ☐ Scribe

Explain your recommendation(s). * _____



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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

| Test Portion | Standard Time | Amount of Extra Time Recommended |
|---|---|---|
| MPT<br>MEE | 3 hours - A.M.<br>3 hours - P.M. | |
| MBE/Multiple-Choice | 3 hours-A.M.<br>3 hours-P.M. | |

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. *



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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 |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

# FORM 5: 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 test accommodations on the bar examination for you on the basis of a visual disability. Before submitting this form to the qualified professional for completion, please read, complete and sign below.

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 Michigan Board of Law Examiners or consultant(s) of the Board.

_____ _____

Signature of applicant Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Michigan 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 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 test results**, if relevant. We appreciate your assistance.

The Board may forward this information to qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below that pertain to the applicant's visual impairment. **Return this completed form and copies of relevant test results to the applicant for submission to the Board.**



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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

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.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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 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.

## IV. FUNCTIONAL LIMITATIONS

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



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## V. ACCOMMODATIONS RECOMMENDED FOR THE MICHIGAN BAR EXAMINATION (CHECK ALL THAT APPLY)

The Michigan Bar Examination is given over the course of two days. The essay portion of the examination is given on the first day. It consists of nine questions to be answered during a three-hour morning session and six questions to be answered during a two-hour afternoon session. The applicants have a lunch break lasting approximately 1 1/2 hours between sessions. 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, with 100 questions administered during the morning session and 100 questions administered during the afternoon session. Each session is three hours and the applicants have a lunch break lasting approximately 1 1/2 hours between sessions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per six-foot table or three per eight-foot table (one on the opposing side) in a room with several hundred applicants. Applicants are permitted to bring one clear plastic bottle of water into the testing room per examination session, along with necessary medications and medical items. They are not allowed to bring food, additional beverages, 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. 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 (or accommodations, if more than one would be appropriate) do you recommend?**

☐ Test question formats:

- ☐ Braille
- ☐ Audio CD
- ☐ Large print/18-point font
- ☐ Large print/24-point font

☐ Assistance:

- ☐ Reader
- ☐ Scribe

Explain your recommendation(s). *_____



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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

| Test Portion | Standard Time | Amount of Extra Time Recommended |
|---|---|---|
| MPT<br>MEE | 3 hours-A.M.<br>3 hours-P.M. | |
| MBE/Multiple-Choice | 3 hours-A.M.<br>3 hours-P.M. | |

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. *



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## VI. 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 |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

# 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. Before submitting this form to the qualified professional for completion, please read, complete, and sign below.

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 Michigan Board of Law Examiners or consultant(s) of the Board.

_____ _____

Signature of applicant Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Michigan 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 Michigan Bar Examination. We appreciate your assistance.

The provision of reasonable accommodations is based on assessment of the *current* impact of the 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 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 Board.**



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

## 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.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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.



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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 MICHIGAN BAR EXAMINATION (CHECK ALL THAT APPLY)

The Michigan Bar Examination is given over the course of two days. The essay portion of the examination is given on the first day. It consists of nine questions to be answered during a three-hour morning session and six questions to be answered during a two-hour afternoon session. The applicants have a lunch break lasting approximately 1 1/2 hours between sessions. 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, with 100 questions administered during the morning session and 100 questions administered during the afternoon session. Each session is three hours and the applicants have a lunch break lasting approximately 1 1/2 hours between sessions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per six-foot table or three per eight-foot table (one on the opposing side) in a room with several hundred applicants. Applicants are permitted to bring one clear plastic bottle of water into the testing room per examination session, along with necessary medications and medical items. They are not allowed to bring food, additional beverages, 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. 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 (or accommodations, if more than one would be appropriate) do you recommend?**

☐ Test question formats:

- ☐ Audio CD
- ☐ Large print/18-point font
- ☐ Large print/24-point font



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

☐ Assistance:

- ◯ Reader
- ◯ Scribe

Explain your recommendation(s)._____

| |
|---|
| |

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

| Test Portion | Standard Time | Amount of Extra Time Recommended |
|---|---|---|
| MPT<br>MEE | 3 hours-A.M.<br>3 hours-P.M. | |
| MBE/Multiple-Choice | 3 hours-A.M.<br>3 hours-P.M. | |

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.

| |
|---|
| |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

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

## 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 |



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

# FORM 7: CERTIFICATION OF ACCOMMODATIONS HISTORY

**NOTICE TO APPLICANT**: **This section of this form is to be completed by you**. The remainder of the form is to be completed by each educational institution or testing agency (hereinafter "entity") from which you have requested accommodations, whether granted or denied. Before submitting this form to the entity for completion, please read, complete, and sign below.

Applicant's full name: _____

Applicant's date of birth: _____

I give permission to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted or denied that may be requested by the Michigan Board of Law Examiners or consultant(s) of the Board.

_____ _____

Signature of applicant Date

**NOTICE TO THE OFFICIAL COMPLETING THIS FORM:**

Please print or type your responses to the questions below. **Return this completed form to the applicant for submission to the Board.**

1. State the following:

   Name _____

   Title _____

   Name of the testing agency or educational institution for which you are completing this form:

   _____

   Address of the testing agency or educational institution:

   _____



Please do not type beyond the visible portion of the field. *Indicates that the field continues on the next page.

2. On what dates and in what course of study (e.g., elementary, middle school, high school, college, law school) or testing program (e.g., SAT, ACT, LSAT, MPRE, Bar Exam) was the applicant enrolled or registered? If you are with a testing agency, list the date of each test administration for which the applicant was registered.

3. If accommodations were granted, state the nature of the applicant's physical or mental impairment that served as the basis for granting accommodations.

4. Specifically describe any accommodations granted to the applicant and the dates thereof. If the accommodations included extra time for tests, state the amount of extra time either as a percentage (e.g., 50%) or as extra minutes per hour (e.g., 10 extra minutes per hour). If the applicant received different accommodations over the course of study or for different test administrations, please describe the full history and explain the reason(s) for the differences.

5. Was the applicant's request for accommodations ever denied, in whole or in part? If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.

**I certify that the information supplied on this form is true and correct based on the information retained in our records.**

_____ _____

Signature of official completing this form Date signed

_____ _____

Title Daytime telephone number