IDAHO STATE BAR

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 admission.** If additional space is needed to respond to any item, please attach a separate page. *Please print.*

Full name:_____

Date of birth: _____ SSN (last 4):___xxx-xx-_____

I. **Your disability status:**

1. Check the disability or disabilities for which you are requesting accommodations
   - ☐ Learning disability
   - ☐ 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 ☐ N/A
   If no, describe remaining symptoms and any side effects.

   _____

   _____

   _____

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

II. History of accommodations:
For questions 1 through 7 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. Note: if your request for accommodations was granted in part and denied in part, you should check both "Yes" and "Denied."

If you did not attend the type of school or take that exam, check "N/A."

1. Did you receive accommodations for the bar examination taken in another jurisdiction?
   ☐ Yes ☐ Not requested ☐ Denied ☐ N/A

   _____

   _____

   _____

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

   _____

   _____

_____

3. Did you receive accommodations in law school?
   ☐ Yes ☐ Not requested ☐ Denied ☐ N/A

_____

_____

_____

4. Did you receive accommodations in college (undergraduate or graduate studies)?
   ☐ Yes ☐ Not requested ☐ Denied ☐ N/A

_____

_____

_____

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

LSAT	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
MCAT	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
GRE	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
GMAT	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
SAT	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
ACT	☐ Yes	☐ Not requested	☐ 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 ☐ Denied ☐ N/A

_____

_____

_____

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 ☐ Denied ☐ N/A

_____

_____

_____

III. Accommodations you are requesting for the Idaho State bar examination (check all that apply):

Requests for accommodations are evaluated on an individualized basis. In addition to extra testing time, applicants may request accommodations such as a reduced-distraction testing environment, off-the-clock breaks, approved personal or medical items, assistive technology, ergonomic equipment, or other accommodations supported by the applicant's disability-related needs and documentation.

☐ Braille
☐ Reduced distraction testing environment
☐ Off-the-clock breaks (e.g., time to stretch, walk, take medications, eat, rest eyes, use bathroom, etc.)
☐ Extra testing time. Indicate below how much extra testing time is requested.
**Please note if requesting additional time, the testing schedule may change from 1.5 days to 3 days.*

Test Portion	**Standard**	**Extra Time Requested (in minutes or as**
Session 1 – Day 1 AM	3 hours	
Session 2 – Day 1 PM	3 hours	
Session 3 – Day 2 AM	3 hours	

☐ Other arrangement(s). Describe in detail.

_____

_____

_____

_____

_____

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.

_____

_____

_____

_____

_____

_____

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

V. Applicant checklist:
Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting to request accommodations for the Idaho State 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. A 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
____ 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. Application form
____ Completed and signed Form 1: Applicant Request for Test Accommodations
____ [Optional] Personal narrative
____ This completed checklist

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

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 Idaho State Bar 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 ISB reserves the right to withhold or void my bar examination scores and/or to treat such conduct as a character and fitness issue.

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

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

_____ _____

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