FORM 7: Certification of Accommodations History

Notice to Applicant:

Complete Section I and provide this form to each educational institution, testing agency, bar examining agency, or other entity from which you previously requested accommodations. This form may be used whether accommodations were granted, denied, granted in part, or otherwise modified.

The completed form should be returned to the applicant for submission to the Idaho State Bar (ISB).

The ISB may request additional records or supporting documentation, including accommodation approval or denial letters, accommodation agreements, Individualized Education Plans (IEPs), Section 504 Plans, transcripts, or disability services records.

This form is intended to assist the Idaho State Bar in verifying an applicant's accommodations history. Completion of this form does not relieve the applicant of the responsibility to submit all supporting documentation required by the General Instructions for Requesting Test Accommodations, including accommodation approval or denial letters, disability services records, IEPs, Section 504 Plans, evaluation reports, or other documentation requested by the ISB.

I. Applicant Information

Applicant Name: _____
Date of Birth: _____
Name of Institution, Agency, or Organization: _____
Dates of Attendance, Examination, or Services: _____

Applicant Authorization

I authorize the institution, agency, or organization identified above to release information concerning my requests for accommodations and accommodations history to the Idaho State Bar for purposes of evaluating my request for accommodations on the Idaho State Bar Examination.

_____ _____
Applicant Signature Date Signed

II. To Be Completed by Institution, Agency, or Organization

Name of Institution/Agency: _____
Office Completing Form: _____
Name and Title of Official Completing Form: _____
Telephone: _____
Email: _____

1. Did the applicant request accommodations from your institution, agency, or organization?

☐ Yes
☐ No

If no, proceed to Section III.

2. What disability, disability category, condition, or impairment formed the basis of the request, if known?

_____
_____

3. What documentation was reviewed in support of the request, if known?

☐ Medical documentation
☐ Psychological evaluation
☐ Neuropsychological evaluation
☐ IEP
☐ Section 504 Plan
☐ Prior accommodation history
☐ Other: _____

☐ Unknown

4. What was the outcome of the accommodation request?

☐ Granted in full
☐ Granted in part
☐ Denied
☐ Other: _____

5. If accommodations were granted or partially granted, identify the accommodations provided.

_____
_____

_____
_____

6. If accommodations were denied or partially denied, identify the accommodations denied and the basis for the denial, if known.

_____
_____
_____
_____

7. During what time period were the accommodations provided?

_____

8. Are copies of accommodation approval letters, denial letters, disability-services records, accommodation agreements, or other documentation attached?

☐ **Yes**
☐ **No**

If yes, identify the attached documentation:

_____
_____

9. Is there any additional information you believe would assist the Idaho State Bar in understanding the applicant's accommodation history?

_____
_____
_____
_____

III. Certification

I certify that the information provided in this form is true and correct to the best of my knowledge and is based upon the records maintained by the institution, agency, or organization identified above.

_____ _____
Signature of Official Completing Form Date Signed

_____
Printed Name

_____
Title