



Idaho State Bar

525 West Jefferson, PO Box 895, Boise, ID 83701

Phone: (208) 334-4500 Fax: (208) 334-2764 www.isb.idaho.gov

## REASONABLE ACCOMMODATIONS ELIGIBILITY QUESTIONNAIRE

(To Be Completed By Applicant)

This form is part of the Application for Admission to the Bar of Idaho. Applicants are responsible for completeness and accuracy of the information provided.

### BACKGROUND INFORMATION:

EXAM DATE: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### NATURE OF YOUR DISABILITY (CHECK ALL THAT APPLY):

<u>Disability</u>	<u>How long ago was this disability professionally diagnosed?</u>		
<input type="checkbox"/> Visual Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more
<input type="checkbox"/> Psychological Disability	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 years or more

### PERSONAL STATEMENT:

(This form is incomplete without this statement)

On a separate page, please submit a **detailed** description of the nature and extent of your disability. This statement must include the following:

1. Any functional limitations related to your disability that directly affect your ability to take the examination;
2. When you were first diagnosed by a treating professional with the disability (*approximate date and age*);
3. Who diagnosed it (*name, occupation, specialty*);
4. The treatment including medication(s) currently prescribed; and
5. Any accommodations granted for this disability on other exams not related to the practice of law. (*GMAT, SAT, ACT*).

**PAST ACCOMMODATIONS GRANTED:**

*If you answer “yes” to any of the following questions, please attach any records or other documentation concerning the diagnosis and the accommodations granted. Medical records or documentation of long-standing accommodations is helpful.*

<p><b>School Grades 1-12:</b>          Did you attend a special program, use disabled student services, or receive testing accommodations at any time during <b>elementary school</b> or <b>high school</b>?          If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room  <input type="checkbox"/> Additional Time  <input type="checkbox"/> Other</p>
<p><b>College:</b>          (a) Did you request a special program, the use of disabled student services, or testing accommodations at any time during <b>college</b>?          (b) Did you attend a special program, use disabled student services, or receive testing accommodations at any time during <b>college</b>?          If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/>          (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room  <input type="checkbox"/> Additional Time  <input type="checkbox"/> Other</p>
<p><b>Law School:</b>          (a) Did you request testing accommodations in <b>law school</b>?          (b) Were you granted testing accommodations in <b>law school</b>?          If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received. <i>(If yes, please submit a completed “Form C” with this questionnaire.)</i></p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/>          (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room  <input type="checkbox"/> Additional Time  <input type="checkbox"/> Other</p>
<p><b>LSAT:</b> <i>(If you were granted accommodations for other admission tests, i.e. SAT, ACT, GMAT, please indicate in your personal statement.)</i>          (a) Did you request testing accommodations for taking the <b>LSAT</b>?          (b) Were you granted testing accommodations for taking the <b>LSAT</b>?          If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/>          (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room  <input type="checkbox"/> Additional Time  <input type="checkbox"/> Other</p>
<p><b>MPRE:</b>          (a) Did you request testing accommodations for taking the <b>MPRE</b>?          (b) Were you granted testing accommodations for taking the <b>MPRE</b>?          If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received. <i>(If yes, please submit a completed “Form G” with this questionnaire.)</i></p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/>          (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room  <input type="checkbox"/> Additional Time  <input type="checkbox"/> Other</p>
<p><b>Other Bar Examinations:</b>          (a) Did you request testing accommodations for taking <b>any other bar exam</b>?          (b) Were you granted testing accommodations for <b>any other bar exam</b>?          If yes, please list the condition or diagnosis for which accommodations were granted and the type of accommodations received. <i>(If yes, please submit a completed “Form F” with this questionnaire.)</i></p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/>          (b) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private Room  <input type="checkbox"/> Additional Time  <input type="checkbox"/> Other</p>

**ACCOMMODATIONS REQUEST:**

1. Please indicate below the accommodation(s) you believe is (are) necessary for you to take the Idaho Bar Exam.

Alternate Formats	Essay/MPT/MBE	Personal Assistance	Essay/MPT/MBE
<input type="checkbox"/> Braille version of the exam	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Dictate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Audio cassette version of the exam	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Reader	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Large print exam materials (Check one: <input type="checkbox"/> 18 pt or <input type="checkbox"/> 24 pt.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. If requesting special equipment, personal items or personal assistance in the test room, please describe:

---



---

3. If additional testing time is requested, please specify the amount of time requested for each examination session and give your rationale why you need additional time. Attach a supplemental sheet, if necessary.

Examination Sessions	Additional Test Time	Limited Test Time
6 Essay Examination Questions/AM (3 hours)		
2 Performance Test Essay Questions/PM (3 hours)		
Multistate Bar Examination/AM & PM (3 hours each) (100 questions in each three-hour session answered on a computer grid sheet.)		

4. If you are seeking to limit the length of the test day, specify your time limitations for each test day and reasons for limitations: \_\_\_\_\_

---

5. Other Accommodations - Please Specify: \_\_\_\_\_

---



---

**APPLICANT'S SIGNATURE:**

I certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that false statements made herein could result in denial of character and fitness certification pursuant to Idaho Rule of Professional Conduct 8.1.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Signature of Individual Signing on Behalf of Applicant*

\_\_\_\_\_  
*Date*