



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 PHYSICAL IMPAIRMENT VERIFICATION

*Form B and accompanying documentation must be submitted with a completed Form A to the Idaho State Bar.*

**This form must be completed by a licensed professional with specific expertise in this area.**

Idaho Bar Commission Rule 214(a)(4) defines physical impairment as a disorder or condition or anatomical loss affecting one or more of the body's systems. The Idaho State Bar requires current documentation (within the last five years) from a licensed professional with specific expertise in the field related to the applicant's impairment to be included with a request for reasonable testing accommodations. Please note: If the impairment is related to a mental impairment (e.g. learning disorder, attention deficit/hyperactivity disorder, etc.) Form C or D must be completed.

<b>Applicant Name:</b> <i>(Please print name)</i>	
<b>Licensed Professional Name:</b> <i>(Please print name)</i>	
<b>Title:</b>	
<b>License/Certification Number:</b>	
<b>Address:</b>	
<b>Telephone Number</b>	

### PLEASE INCLUDE THE FOLLOWING INFORMATION IN YOUR REPORT:

1. Describe your credential(s) that qualify you to diagnose and/or verify the applicant's physical impairment and to recommend accommodations.
2. What is the specific physical impairment that requires testing accommodations?
3. Briefly describe the nature of the physical impairment and how this impairment affects the applicant in a testing situation. Please list the way(s) that this impairment prevents the applicant from taking the examination under standard testing conditions. *(Four 3-hour sessions given over 2 consecutive days.)*
4. What is the current treatment?
5. Is this a permanent physical impairment? If no, when is the impairment likely to abate?
6. Length of your treatment with applicant.
7. Date of last patient treatment/consultation.
8. Is the applicant following the prescribed course of treatment?
9. In what way does the prescribed course of treatment improve the applicant's ability to read, write and/or concentrate for extended periods of time?

**TEST ACCOMMODATIONS**

Based on the information provided in your report, the applicant's physical impairment and your diagnosis/prognosis, what test accommodations do you recommend for taking the Idaho Bar Examination?

**1. Additional or Limited Test Time Requested:**

If you are recommending that the applicant be given additional or limited test times, list the requested times in the chart below and include why they are required in your report.

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.)		

**2. Additional Accommodations Requested:**

Format	Essay/MBE	Personal Assistance	Essay/MBE
<input type="checkbox"/> Braille version of the exam	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Dictate	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Audio cassette version of the exam	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Reader	<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"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Special equipment - Please Describe (e.g., medications, special chair, special lighting)			

It is recommended that copies of chart notes or other written documentation be attached as part of this documentation since this information will greatly facilitate our evaluation.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Licensed Professional)

\_\_\_\_\_  
(Date)

Note: This information will be reviewed by the Reasonable Accommodations Committee and possibly a physician or licensed professional retained by the Idaho State Bar in order to make a recommendation to approve, disapprove or modify this request for accommodations. The Idaho State Bar Board of Commissioners will then make a decision to approve, modify or deny the Reasonable Accommodation Committee's recommendation.