

## **GENERAL INSTRUCTIONS FOR REQUESTING TEST ACCOMMODATIONS**

The Colorado Supreme Court Office of Attorney Admissions (Colorado OAA)] encourages persons with disabilities to apply for test accommodations. Reasonable test accommodations will be made on the Colorado Bar Examination for qualified applicants with disabilities. The Colorado Bar Examination is a two-day timed examination designed to test the knowledge and skills necessary for one who seeks admission to practice law in Colorado.

It is the policy of the Colorado OAA 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 is otherwise eligible to take the bar examination, but who cannot demonstrate under standard testing conditions that he/she possesses the knowledge and skills to be admitted to practice law in Colorado, may request reasonable test accommodations.

The Colorado OAA 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, or jeopardize examination security. In order to accommodate disabled persons, the Colorado OAA will furnish additional testing time, auxiliary aids, and other reasonable accommodations when necessary to ameliorate the impact of the applicant's disability on the applicant's ability to take the bar examination. No additional charges will be assessed to individuals with disabilities to cover the costs of reasonable accommodations.

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 or her history of accommodations, if any. All documentation will be retained by the Colorado OAA 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 Colorado OAA gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an 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. 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 organic brain syndrome, emotional or mental illness, ADHD, 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 Colorado Office of Attorney Admissions; 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

Requests for accommodations will be considered after receipt of all required information. The Applicant Checklist, located in Section V of Form 1 - Applicant Request for Test Accommodations must be submitted with the application. The applicable items specified in the Applicant Checklist must be completed and received on or before the filing deadline of the exam for which the applicant is applying.

Applicants with disabilities are subject to the same application deadlines 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.

It is the applicant's responsibility to inform the Colorado OAA of the need for accommodations at the time the application to take the bar exam is filed. The Colorado OAA may refuse or defer accommodations to the next test date if the applicant fails to provide notice of the need for accommodations at the time an application is submitted. Requests for Accommodations received after the last filing deadline will not be accepted.

Timely requests for test accommodations must be submitted at the time an application to take the exam is filed. Exam applications and accompanying accommodation requests must be filed no later than November 1 for the February exam and April 1 for the July exam.

Late bar applications and accompanying accommodation requests must be filed no later than December 1 for the February exam and May 1 for the July exam. Requests for Accommodations received after December 1 for the February exam and May 1 for the July exam will be denied or deferred until the next scheduled examination.

Late Requests for Accommodations must be fully complete when filed and will be accepted only when accompanied by a late exam application filed during the applicable late filing period. Incomplete Requests for Accommodations received after December 1 for the February exam and May 1 for the July exam will be denied.

Requests for test accommodations and supporting documentation may be submitted to the Colorado Office of Attorney Admissions, 1300 Broadway, Suite 520, Denver, Colorado 80203.

## **REAPPLICATIONS**

Applicants who find it necessary to withdraw from or retake the examination must submit Form 1 - Applicant Request for Test Accommodations each time they apply for the bar exam, even if accommodations were previously requested and granted by the Colorado OAA. It is not necessary to resubmit supporting documentation that was submitted with a previous request, provided the applicant sat for the Colorado Bar Examination within the preceding three years and (1) is requesting the same accommodations that were received previously on the Colorado Bar Examination and (2) 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 Colorado OAA 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**

Requests for Accommodations on the Colorado bar exam **must be complete when submitted**. Accommodation requests and supporting materials will be referred to an expert in the field of the applicant's disability for evaluation and recommendations. Once a decision is made to deny a request for accommodations that decision is final for the current exam. If an accommodation request is denied, there is no prohibition on resubmitting a request for accommodations on a future examination if new information or documentation becomes available and is submitted with a subsequent bar exam application and Request for Accommodations.

## **STEPS FOR SUBMITTING A COMPLETE REQUEST**

**This application packet contains seven separate forms, but 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 accommodation request. A checklist is provided in Section V of Form 1 - Applicant Request for Test Accommodations, 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 Colorado OAA.** Make certain that you arrange for 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 Colorado OAA.** There are separate forms for learning disabilities, ADHD, 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, regardless of 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 Colorado OAA. 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 (month and year) and the nature of the disability (e.g., ADHD) 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 ADHD or a learning disability, provide transcripts and score reports of all standardized tests taken, even if you did not receive accommodations.** Attach copies of your undergraduate and law school transcripts and your LSAC Candidate Item Response Report. Also attach copies of score reports for any standardized tests taken even if accommodations were not received. Exact photocopies of transcripts are acceptable for this purpose. Your LSAC Candidate Item Response Report may be obtained by logging in to your LSAC account at [www.lsac.org](http://www.lsac.org). Click on Item Response Report (IRR) under the LSAT and LSAT Status Tab, and print the report. If you have trouble obtaining the report, contact an LSAC representative.

Learning disabilities and ADHD 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 Colorado OAA 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.

# 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 you file your application for admission. Do not write in the margins of this form. If additional space is needed to respond to any item, attach a separate typewritten page. **These forms must be completed and submitted as single-sided documents. Documents printed on both sides may be disregarded as illegible.**

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DATE OF EXAM

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APPLICANT FULL NAME

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Street Address

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City

State

Zip

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Telephone (*Day*)

(*Evening*)

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Email address

Date of birth

## I. YOUR DISABILITY STATUS

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

Learning disability

Visual impairment

ADHD

Hearing impairment

Physical disability

Psychological disability

Other (describe) \_\_\_\_\_

2. Describe your disability as it relates to your request. \_\_\_\_\_

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3. List your age when first diagnosed. \_\_\_\_\_

4. Are you currently being treated?  Yes  No

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

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

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

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7. [Optional] If there is anything else you would like the Colorado OAA to know about your disability and need for accommodations, you may attach a personal **typewritten** 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 month(s) and year(s) accommodations were received.

If you did not request accommodations, check "Not requested." Explain why you did not request accommodations.

If you were denied accommodations, 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, check both “Yes” and “Denied.” Providing the details listed above.

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

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

Yes       Not requested       Denied       N/A

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3. Did you receive accommodations in law school?

Yes       Not requested       Denied       N/A

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

Yes       Not requested       Denied       N/A

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

- LSAT - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A  
MCAT - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A  
GRE - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A  
GMAT - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A  
SAT - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A  
ACT - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A  
Other - Date: \_\_\_\_\_  Yes       Not requested       Denied       N/A

***If your accommodation request is based upon a mental impairment, official score reports must be submitted for each examination taken, even if accommodations were not received.***

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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

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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

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**III. ACCOMMODATIONS REQUESTED FOR THE COLORADO BAR EXAMINATION (CHECK ALL THAT APPLY)**

Test question formats:

- Braille *Specify version:*     EBAE     UEB
- Audio version
- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
  - Typist/Transcriber for MEE/MPT
  - Scribe for MBE
  - Circle MBE answers in test booklet
- Extra testing time. Indicate below how much extra testing time is requested. Requests for unlimited time will not be granted.

Test Portion	Standard Time	Extra Time Requested
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

- Extra breaks. Describe the duration and frequency of the requested breaks.

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Other arrangements (e.g., elevated table, ergonomic chair, lamp, medication, etc.). Describe the arrangements.

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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.

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#### **IV. SUPPORTING DOCUMENTATION**

Requests for test accommodations must be supported by the following documentation from third parties, and must be submitted 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 must submit.**

##### Medical Documentation

Submit supporting medical documentation, (including diagnostic reports) from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for test accommodations. If your medical condition is ongoing provide objective evidence of ongoing treatment. 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., month and year) and the nature of the disability (e.g., ADHD) 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.

### Academic Transcripts

Attach copies of your undergraduate and law school transcripts, your LSAC Candidate Item Response Report, as well as score reports for any other standardized tests taken, even if you did not request or receive accommodations. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the Colorado OAA in some cases.

## **V. APPLICANT CHECKLIST**

Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting with your request for accommodations on the Colorado Bar Examination.

Submit this completed checklist with your Form 1 - Applicant Request for Accommodations. **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 before requested accommodations)

\_\_\_ Bar exam agency in other jurisdictions

\_\_\_ MPRE

\_\_\_ Law school

\_\_\_ Undergraduate or graduate studies

\_\_\_ Standardized tests (LSAT, MCAT, GRE, GMAT, SAT, ACT)

\_\_\_\_ Standardized Score Reports (*required if disability relates to ADHD, Learning Disability, or mental/psychological impairment*)

\_\_\_\_ 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** (if applicable)

\_\_\_\_ Not applicable (*if you do not have a mental/psychological impairment, learning disability or ADHD*)

\_\_\_\_ Standardized Score Report(s) (*even if you did not receive test accommodations*)

\_\_\_\_ Law school transcript(s)

\_\_\_\_ LSAC Candidate Item Response Report

\_\_\_\_ Undergraduate transcripts(s)

\_\_\_\_ Elementary, middle, and high school transcripts (*if applicable*)

**4. Application form**

\_\_\_\_ Completed and signed Form 1 – Applicant Request for Test Accommodations

\_\_\_\_ **[Optional]** Personal typewritten 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 Colorado OAA 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 Colorado OAA reserves the right to withhold or nullify my bar examination scores and 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 Colorado OAA, and I authorize such disclosure.

\_\_\_\_Initial I understand that all necessary documentation and information must be provided to the Colorado OAA by the deadline and that my request for test accommodations will not be considered or may be denied 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

## 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. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

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 Colorado Office of Attorney Admissions or consultant(s) of the Office of Attorney Admissions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Colorado 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 Colorado Office of Attorney Admissions 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 Colorado Bar Examination. We appreciate your assistance.

The Colorado Office of Attorney Admissions may forward this information to one or more 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 Colorado Office of Attorney Admissions.**

**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. \_\_\_\_\_

5. Provide a concise description of your diagnosis. Please include the specific DSM 5 (or most current version) diagnosis:

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6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities.

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

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.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant's specific learning disabilities 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 life-long, the severity and manifestations can change. The Colorado Office of Attorney Admissions generally requires documentation from an evaluation conducted within the last five 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 Colorado 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.).

### **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 Word Finding (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.

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

The Colorado Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 1:30 p.m. to 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from noon to 1:15 p.m. each day.

The first day consists of six essay questions (MEE) in the morning session and two performance test (MPT) questions in the afternoon session. The MEE and MPT are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. 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 (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are permitted to bring small snacks and water. Other items are not permitted in the testing room unless approved as accommodations. The examination is administered in a quiet environment, and the Colorado Office of Attorney Admissions provides applicants with small foam earplugs for use during the exam. Applicants are permitted to use the restroom at any time during the test sessions.

**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 *Specify version:*     EBAE     UEB

Audio version

- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
- Typist/Transcriber for MEE/MPT
- Scribe for MBE

Explain your recommendation(s). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Test Portion	Standard Time	Extra Time Recommended
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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Other arrangements (e.g. ergonomic chair, elevated table, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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#### **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

**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 ADHD. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

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 Colorado Office of Attorney Admissions or consultant(s) of the Colorado Office of Attorney Admissions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Colorado 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 ADHD. The Colorado Office of Attorney Admissions 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 Colorado Bar Examination. We appreciate your assistance.

The Colorado Office of Attorney Admissions may forward this information to one or more 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 Colorado Office of Attorney Admissions.**

**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 ADHD. \_\_\_\_\_

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. \_\_\_\_\_

5. Describe the applicant’s **current** symptoms of ADHD 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.

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6. Describe the applicant’s symptoms of ADHD 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.

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**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 Colorado Office of Attorney Admissions 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 5) (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (ADHD) diagnosis. The diagnosis depends on objective evidence of ADHD 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 5) 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 ADHD 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 ADHD 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 ADHD 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 ADHD (inattention, working memory, etc.).

1. Is there evidence from empirically validated rating scales completed by more than one source that levels of ADHD 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 ADHD symptoms?  Yes  No

If yes, briefly describe the findings.

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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.

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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.

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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.

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#### **IV. ADHD TREATMENT**

Is the applicant currently being treated for ADHD?  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 ADHD symptoms. If it is effective, explain why accommodations are necessary.

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If no, explain why treatment is not being pursued.

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

The Colorado Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 1:30 p.m. to 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from noon to 1:15 p.m. each day.

The first day consists of six essay questions (MEE) in the morning session and two performance test (MPT) questions in the afternoon session. The MEE and MPT are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. 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 (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are permitted to bring small snacks and water. Other items are not permitted in the testing room unless approved as accommodations. The examination is administered in a quiet environment, and the Colorado Office of Attorney Admissions provides applicants with small foam earplugs for use during the exam. Applicants are permitted to use the restroom at any time during the test sessions.

**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 *Specify version:*  EBAE  UEB

Audio version

Large print/18-point font

Large print/24-point font

Assistance:

Reader

Typist/Transcriber for MEE/MPT

Scribe for MBE

Explain your recommendation(s). \_\_\_\_\_

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

***Requests for unlimited time will be denied.***

Test Portion	Standard Time	Extra Time Recommended
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

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.

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Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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Other arrangements (e.g., elevated table, ergonomic chair, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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**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.

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Signature of person completing this form

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Date signed

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Title

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Daytime telephone number

## 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. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

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 Colorado Office of Attorney Admissions or consultant(s) of the Colorado Office of Attorney Admissions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Colorado 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 Colorado Office of Attorney Admissions 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 Colorado Bar Examination. We appreciate your assistance.

The Colorado Office of Attorney Admissions may forward this information to one or more 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 Colorado Office of Attorney Admissions.**

**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 5 (or most current version) diagnosis? Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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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.

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**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

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

The Colorado Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 1:30 p.m. to 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from noon to 1:15 p.m. each day.

The first day consists of six essay questions (MEE) in the morning session and two performance test (MPT) questions in the afternoon session. The MEE and MPT are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. 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 (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are permitted to bring small snacks and water. Other items are not permitted in the testing room unless approved as accommodations. The examination is administered in a quiet environment, and the Colorado Office of Attorney Admissions provides applicants with small foam earplugs for use during the exam. Applicants are permitted to use the restroom at any time during the test sessions.

**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 *Specify version:*  EBAE  UEB
- Audio version
- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
- Typist/Transcriber for MEE/MPT
- Scribe for MBE



Explain your recommendation(s). \_\_\_\_\_

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

***Requests for unlimited time will be denied.***

Test Portion	Standard Time	Extra Time Recommended
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

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.

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Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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Other arrangements (e.g., elevated table, ergonomic chair, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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**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

## 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. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

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 Colorado Office of Attorney Admissions or consultant(s) of the Colorado Office of Attorney Admissions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Colorado 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 Colorado Office of Attorney Admissions 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 Colorado Office of Attorney Admissions may forward this information to one or more 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 Colorado Office of Attorney Admissions.**

**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.

\_\_\_\_\_

\_\_\_\_\_

**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)

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3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

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4. Accommodative Skills: at near point, with and without lenses (provide measurements)

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5. Oculomotor Skills: saccades, pursuits, tracking

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**IV. FUNCTIONAL LIMITATIONS**

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

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**V. ACCOMMODATIONS RECOMMENDED FOR THE COLORADO BAR EXAMINATION (CHECK ALL THAT APPLY)**

The Colorado Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 1:30 p.m. to 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from noon to 1:15 p.m. each day.

The first day consists of six essay questions (MEE) in the morning session and two performance test (MPT) questions in the afternoon session. The MEE and MPT are designed to assess, among other things, the applicant's ability to communicate his/her

analysis effectively in writing. 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 (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are permitted to bring small snacks and water. Other items are not permitted in the testing room unless approved as accommodations. The examination is administered in a quiet environment, and the Colorado Office of Attorney Admissions provides applicants with small foam earplugs for use during the exam. Applicants are permitted to use the restroom at any time during the test sessions.

**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 *Specify version:* EBAE UEB
- Audio CD
- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
- Typist/Transcriber for MEE/MPT
- Scribe for MBE

Explain your recommendation(s). \_\_\_\_\_

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

*Requests for unlimited time will be denied.*

Test Portion	Standard Time	Extra Time Recommended
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

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.

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Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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

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**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.

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Signature of person completing this form

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Date signed

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Title

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Daytime telephone number



## 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. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

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 Colorado Office of Attorney Admissions or consultant(s) of the Colorado Office of Attorney Admissions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Colorado 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 Colorado Office of Attorney Admissions 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 Colorado 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 Colorado Office of Attorney Admissions 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 Colorado Office of Attorney Admissions may forward this information to one or more 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 Colorado Office of Attorney Admissions.**

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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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?

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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.

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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.

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9. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

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

The Colorado Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 1:30 p.m. to 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from noon to 1:15 p.m. each day.

The first day consists of six essay questions (MEE) in the morning session and two performance test (MPT) questions in the afternoon session. The MEE and MPT are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. 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 (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are permitted to bring small snacks and water. Other items are not permitted in the testing room unless approved as accommodations. The examination is administered in a quiet environment, and the Colorado Office of Attorney Admissions provides applicants with small foam earplugs for use during the exam. Applicants are permitted to use the restroom at any time during the test sessions.

**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 *Specify version:*     EBAE     UEB

Audio version

Large print/18-point font

Large print/24-point font

Assistance:

- Reader
- Typist/Transcriber for MEE/MPT
- Scribe for MBE
- Circle answers in MBE

Explain your recommendation(s). \_\_\_\_\_

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

*Requests for unlimited time will be denied.*

Test Portion	Standard Time	Extra Time Recommended
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MPT/Performance	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

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.

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Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks

recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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Other arrangements (e.g., elevated table, ergonomic chair, desk lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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#### **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

## 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. Please read, complete, and sign below before submitting this form to the entity for completion of the remainder of the form.

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 Colorado Office of Attorney Admissions or consultant(s) of the Colorado Office of Attorney Admissions.

\_\_\_\_\_  
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 Colorado Office of Attorney Admissions.**

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:

\_\_\_\_\_

2. On what dates and in what course of study (e.g., elementary, 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.

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

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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.

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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.

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**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