

**FORM 1 - REQUEST FOR NON-STANDARD TESTING ACCOMMODATIONS**

**Form 1** is part of your request for non-standard test accommodation on the Colorado bar examination. This form and all other applicable forms and required documentation must be filed at the same time you file your application to take the bar examination. These forms must be neat and legible as they will be forwarded to a professional expert for evaluation. Do not write in the margins of this form. If additional space is needed to respond to any item, attach a separate typewritten page.

**Section 1 – Applicant Identification Information**

Date of Upcoming Bar Exam: \_\_\_\_\_

Applicant Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Last 4 of your Social Security Number: \_\_\_\_\_

Applicant Physical Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previously applied for non-standard test accommodations in Colorado?

- No
- Yes

Prior Bar Exam Date(s): \_\_\_\_\_

**Section 2 - Disability Status**

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

- Learning Disability
- Attention Deficit Hyperactivity Disorder
- Physical Disability
- Other (describe): \_\_\_\_\_
- Visual Impairment
- Hearing Impairment
- Psychological Disability

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

Age first diagnosed with your disability by a qualified professional? \_\_\_\_\_

Are you currently being treated?

No

Yes

Provide the following information for all your treating professional(s):

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

Qualifications: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date diagnosis was recently confirmed or reassessed: \_\_\_\_\_

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

Qualifications: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Condition for which treatment is provided: \_\_\_\_\_

Date diagnosis was recently confirmed or reassessed: \_\_\_\_\_

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

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

Is the treatment or medication effective in controlling symptoms?

Yes

No

N/A

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

**Section 3 – History of Accommodations**

Please follow these instructions when completing this section:

If you were granted accommodations, check “Yes.”

- List the condition or diagnosis for which accommodations were granted
- List the educational institution or testing agency that granted the accommodations
- List the month(s) and year(s) the accommodations were received

If you were denied accommodations, check “Denied.”

- List the month(s) and year(s) the request was made
- List the condition or diagnosis for the basis of your accommodations request
- List the accommodations requested
- List the educational institution or testing agency that denied the accommodations
- Provide the reason given by the entity for denying your request

If your accommodations request was granted in part and denied in part, check both “Yes” and “Denied.”

- List the month(s) and year(s) the request was made
- List the condition or diagnosis
- List the accommodations requested
- List the accommodations that were granted and the month(s) and year(s) they were received
- List the accommodations that were denied and the reason given for the denial
- List the educational institution or testing agency making the accommodation decision

If you did not request accommodations, check “Not Requested.” Explain why you did not request accommodations.

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

Did you receive accommodations for the bar examination taken in another jurisdiction?

- Yes                       Denied                       Not Requested                       N/A

Provide specific details as outlined above:

---

---

---

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

- Yes                       Denied                       Not Requested                       N/A

Provide details:

---

---

---

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

LSAT

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

MCA

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

GRE

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

GMAT

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

SAT

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

ACT

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

Other

Date: \_\_\_\_\_  Yes  Denied  Not Requested  N/A

If your accommodation request is based upon a cognitive or mental impairment, official standardized score reports must be submitted for each examination taken, even if accommodations were not received. A cognitive or *mental impairment* is any cognitive, psychological, or neurological disorder such as intellectual disability organic brain syndrome, emotional or mental illness, ADHD, or any specific learning disability.

Provide details:

---

---

---

Did you receive accommodations in law school?

Yes  Denied  Not Requested

Provide details:

---

---

---

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

Yes                       Denied                       Not Requested                       N/A

Provide details:

---

---

---

Did you receive accommodations or disable-student services in primary or secondary school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan? (Check all that apply).

Elementary:     Yes                       Denied                       Not Requested                       N/A

Middle school:  Yes                       Denied                       Not Requested                       N/A

High school:     Yes                       Denied                       Not Requested                       N/A

Provide details:

---

---

---

#### Section 4 - Accommodations Requested for the Colorado Bar Examination

Please complete all fields that are applicable to your prior accommodations. (Check all that apply).

- Test Question Format:

Braille      *Specify Version:*  EBAE      or       UEB

Audio Version

Large Print/**18 point font**

Large Print/**24 point font**

Please explain, in your own words, the need for this accommodation and how it alleviates the impact of your disability or disabilities in the context of taking a professional licensing exam, the bar exam.

---

---

---

- Assistance:

- Reader
- Typist/Transcriber for essay portions of the exam, MEE/MPT
- Scribe for the multiple choice portion of the exam, MBE
- Circle multiple choice answers in the MBE test booklet

Please explain, in your own words, the need for this accommodation and how it alleviates the impact of your disability or disabilities in the context of taking a professional licensing exam, the bar exam.

---



---



---

- Extra Time:

Test Portion	Extra Time Awarded	
<b>MEE/Essay Exam</b>	<input type="checkbox"/> 10%	Other (specify): _____ _____
	<input type="checkbox"/> 25%	
	<input type="checkbox"/> 33%	
	<input type="checkbox"/> 50%	
<b>MPT/Performance Test</b>	<input type="checkbox"/> 10%	Other (specify): _____ _____
	<input type="checkbox"/> 25%	
	<input type="checkbox"/> 33%	
	<input type="checkbox"/> 50%	
<b>MBE/Multiple Choice Exam</b>	<input type="checkbox"/> 10%	Other (specify): _____ _____
	<input type="checkbox"/> 25%	
	<input type="checkbox"/> 33%	
	<input type="checkbox"/> 50%	

Please explain, in your own words, the need for this accommodation and how it alleviates the impact of the applicant's disability or disabilities in the context of taking a professional licensing exam, the bar exam.

---



---



---

**Extra Breaks (Be Specific):** \_\_\_\_\_

Length/Duration: \_\_\_\_\_ minutes, per every \_\_\_\_\_ hour(s) or test session (*circle one*)

Please explain the need for this accommodation and how it alleviates the impact of the applicant’s disability or disabilities in the context of taking a professional licensing exam, the bar exam.

---

---

---

**Other Arrangements (Be specific):** \_\_\_\_\_

Please explain, in your own words, the need for this accommodation and how it alleviates the impact of the applicant’s disability or disabilities in the context of taking a professional licensing exam, the bar exam.

---

---

---

## **Section 5 – 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 – Request for Non-Standard Testing Accommodations. Review the Request for Non-Standard Testing Accommodations General Instructions for a detailed explanation of the supporting documentation you must submit.

### Health/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, regardless of your disability, 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 in supporting a long-standing history of the need for accommodations.

**Section 6 – Application Checklist**

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

- Form 1 – Request for Non-Standard Test Accommodations
- 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
- Form 7 – Certificate of Accommodations History (if previously granted)
- Comprehensive evaluation report (including all diagnostic test data and reports)
- Other objective and/or relevant records
- Academic Transcripts
- Standardized Test Score Reports
- Personal Narrative

**CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE**

\_\_\_\_\_  
(Initial) The information I have provided in support of my Request for Non-Standard Test Accommodations is true and complete.

\_\_\_\_\_  
(Initial) I understand that if 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, 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 and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by OAA, and I authorize such disclosure.

\_\_\_\_\_  
(Initial) I understand that all necessary documentation and information must be provided to OAA by the deadline stated in the instructions and that my request for test accommodations will not be considered or may be denied if I miss the deadline.

\_\_\_\_\_

**Applicant Signature**

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

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of individual signing on Applicant’s behalf**

\_\_\_\_\_

**Date**