FORM 5 – VISUAL DISABILITY VERIFICATION

Section 1 – Notice to Applicant

This section of this form is to be completed by the Applicant. 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 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 Office of Attorney Admissions.

_____   _____

Signature of Applicant   Date

Section 2 – 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.

Print or type your responses to the items below. 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.

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.

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.

Section 3 – 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.

_____

_____

_____

_____

Section 4 – Diagnosis and Current Functional Limitations

What is the applicant's current diagnosis?

_____

_____

Is this a permanent condition?

_____

_____

_____

If the condition/disability is not permanent in nature, please explain.

_____

_____

_____

Please state the applicant's best corrected visual acuities for distance and near vision.

_____

_____

_____

Describe the applicant's current functional limitations caused by the visual impairment in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions.

_____

_____

_____

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.

_____

_____

_____

Briefly describe the nature of the condition or impairment and describe how it affects the applicant in a test situation.

_____

_____

_____

In what way does the condition/disability prevent the applicant from taking the examination under standard testing conditions? The testing environment consists of large rooms where several hundreds of other applicants are testing. Testing session are three hours in the morning and three hours in the afternoon. Test sessions include essay, practice competency, and multiple-choice questions.

_____

_____

_____

Current treatment consists of:

_____

_____

_____

Date first met with applicant: _____

Length of treatment with applicant: _____

Date of last treatment/consultation: _____

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.

Section 5 – Diagnosis-Specific Findings (only address relevant areas)

Please describe the applicant's eye health (both external and internal evaluations).

_____

_____

_____

Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

Oculomotor Skills: saccades, pursuits, tracking

_____

_____

_____

Section 6 – Recommended Accommodations

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? (*Check all that apply*)

- <u>Test Question Format</u>:

    ☐ Braille   *Specify Version*: ☐ EBAE   or   ☐ UEB

    ☐ Audio Version

    ☐ Large Print/18-point font

    ☐ Large Print/24-point font

    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.

    _____

    _____

    _____

- <u>Assistance</u>:

    ☐ 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 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.

_____

_____

_____

☐ <u>Extra Time</u>:

Test Portion	Extra Time Awarded	
MEE/Essay Exam	☐ 10% ☐ 25% ☐ 33% ☐ 50%	Other (specify): _____ _____
MPT/Performance Test	☐ 10% ☐ 25% ☐ 33% ☐ 50%	Other (specify): _____ _____
MBE/Multiple Choice Exam	☐ 10% ☐ 25% ☐ 33% ☐ 50%	Other (specify): _____ _____

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.

_____

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_____

☐ <u>Extra Breaks:</u> _____

_____

_____

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.

_____

_____

_____

☐ <u>Other Arrangements:</u> _____

_____

_____

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.

_____

_____

_____

Section 8 – Qualified 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