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                  ☐ Visual Impairment

☐ Attention Deficit Hyperactivity Disorder ☐ Hearing Impairment

☐ Physical Disability                  ☐ Psychological Disability

☐ Other (describe): ________________________________

                                                                                       ________________________________________________
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:**

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<th>Test Portion</th>
<th>Extra Time Awarded</th>
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<td>MEE/Essay Exam</td>
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<td>MPT/Performance Test</td>
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<td>MBE/Multiple Choice Exam</td>
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</tbody>
</table>

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 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 Date

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

_________________________ ___________________
Signature of individual signing on Applicant’s behalf Date

R: 01/2023