FORM 7 – ACCOMMODATION HISTORY CERTIFICATION

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 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: ____________________________________________________________

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 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.

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.

Please attach any and all substantiating documentation in support of granted accommodations. We appreciate your assistance.

Section 3 – The Official’s Identification Information

Name: ________________________________________________________________

Title: __________________________________________________________________

Phone: __________________________________________________________________

Email: __________________________________________________________________

Name of testing agency or educational institution for which you are completing this form:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Address of testing agency or educational institution:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

R: 10/2021
Section 4 – Accommodations History

What level of educational institution is your school?
☐ Elementary ☐ Technical
☐ Middle School ☐ Undergraduate
☐ High School ☐ Graduate
☐ N/A ☐ Law school

What type of testing program do you represent? (Please provide Month and Year administered)
☐ ACT
Date: ________________________________
☐ LSAT
Date: ________________________________

☐ SAT
Date: ________________________________
☐ MPRE
Date: ________________________________

☐ GRE
Date: ________________________________
☐ Bar Exam
Date: ________________________________

☐ Other: ________________________________
Date: ________________________________
☐ N/A

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

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.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Section 5 – Granted Accommodation History

Complete the following section if accommodations were granted or granted in part. Leave blank if denied in their entirety.

Indicate any accommodations granted to the applicant and the dates thereof.

Test Question Format:
☐ Braille
  Date: ______________________________

☐ Audio Version
  Date: ______________________________

☐ Large Print
  Date: ______________________________

☐ Other: ______________________________
  Date: ______________________________

☐ Extra Time:
  Date: ______________________________

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).

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

☐ Extra Breaks
  Date: ______________________________  Duration: ______________________________

☐ Other Arrangements: ________________________________________________________________
  Date: ______________________________

Did the applicant receive different accommodations over the course of study or for different test administrations?
☐ Yes  ☐ No

Please describe the full history and explain the reason(s) for the differences.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

R: 10/2021