

This form must be submitted by all applicants requesting ADA accommodation unless Arizona Supreme Court Committee on Examinations (Committee) has provided other direction in previous decision letter to an applicant. Requests for accommodations will be considered after receipt of all information required by the Test Accommodations checklist. Incomplete submissions will result in rejection due to insufficient information.

FORM 1
REQUEST FOR TESTING ACCOMMODATION

Please print or type; must be legible.

NOTICE TO APPLICANT: Complete each item and provide supplemental documentation in Section III (if applicable) to assist the Committee in processing your request for test accommodation.

I. BACKGROUND INFORMATION

Applicant's Name: _____
First Middle Last

Mailing Address: _____
Number and Street or P.O. Box Number

City State Zip Code

Daytime Telephone Number: _____

Email Address: _____

PLEASE NOTE: An Application for Admission must be completed separately and filed by the established deadlines contained in the application instructions. This form should accompany your application and must also meet the application deadline.

Date of the examination I intend to take: _____ Month/ Year

I wish to take the examination by: ☐ Writing ☐ Typing ☐ Dictating

Have you previously taken the Arizona Bar Examination? ☐ Yes ☐ No

If yes, which examination(s): _____ Month/ Year

If yes, did you request accommodations to take the examination(s)? ☐ Yes ☐ No

II. BASIS OF ACCOMMODATION REQUEST

What is your disability or reason to request modified testing?

Describe your functional limitations related to the reported disability that directly affect your ability to take the examination under standard test parameters:

When was the disability first diagnosed by a treating professional (*date and your age*):

By whom (*name, occupation, specialty*)? _____

What treatment is currently being prescribed? _____

By whom (*name, occupation, specialty*)? _____

III. ACCOMMODATION HISTORY

For below, please provide information on whether you have ever requested or received accommodations. **Upload documents verifying accommodations previously received.**

Test/School	Requested	Received These Accommodations	If you did not request accommodations for this test/school, why not?
Law School Exams			
LSAT			
MPRE			
GRE			
ACT			
SAT			
Bar Exam			
College Exams			
High School			

1. Past accommodation made for your disability in an educational setting

High School:

- In high school, did you have an Individualized Education Program (IEP) ☐ Yes ☐ No
- In high school, did you receive **test accommodations**? ☐ Yes ☐ No
- In high school, did you generally receive **extra time** for classroom tests? ☐ Yes ☐ No
If Yes, how much extra time was granted?

College Entrance Exams:

- Did you receive **accommodation** for taking the ACT or SAT? ☐ Yes ☐ No
- Did you receive **extra time** when taking the ACT or SAT? ☐ Yes ☐ No
If yes, how much extra time was granted? _____
- What was your ACT or SAT score? _____

College:

- In college, did you use disabled student services? ☐ Yes ☐ No
- In college, did you receive **test accommodations**? ☐ Yes ☐ No
- In college, did you generally receive **extra time** for exams? ☐ Yes ☐ No
If yes, how much extra time was granted? _____
- What was your college GPA: _____

- Did you receive **test accommodations** for any examination for admission to graduate school (GRE, MCAT, GMAT)? ☐ Yes ☐ No
- Did you receive **extra time** for any examination for admission to graduate school? ☐ Yes ☐ No
If yes, how much extra time was granted? _____

LSAT:

- Did you receive **test accommodations** for the LSAT? ☐ Yes ☐ No
If yes, indicate which accommodations were received on the LSAT
(**Check all that apply**):

FORMATS:

- ☐ Braille
- ☐ Audio
- ☐ Enlarged Font: What size font?

HELP:

- ☐ Reader
- ☐ Typist/Transcriber
- ☐ Sign language interpreter
- ☐ Extra breaks/rest periods: How long and how often were rest breaks?
- ☐ Extra testing time: **How much extra time was granted?**
- ☐ Other accommodations granted (i.e., special chair, seat near restroom).
Specify: _____

Graduate Programs:

- Did you use disabled student services in any graduate program including law school? ☐ Yes ☐ No
- Did you generally receive **extra time** in any graduate program including law school? ☐ Yes ☐ No

If yes, how much extra time was granted? _____

☐ Specify **any other test accommodation received** while in any graduate program including law school (i.e., assistive technology, separate room, etc.):

Form 6 must be completed for each law school you attended if you received accommodation in law school.

2. State Bar Examinations

- Did you receive **extra time** for any bar exam in another state? ☐ Yes ☐ No
If yes, how much extra time was granted? _____
- Did you receive extra time for a past Arizona bar exam? ☐ Yes ☐ No
If yes, when? Month: _____ Year: _____
- Specify **all** test accommodations you received on a state bar exam:

Form 7 must be completed by each jurisdiction, other than Arizona, where you have previously been accommodated on a bar examination.

IV. ACCOMMODATION REQUESTS

NOTE: You must provide your treating specialist(s) with Form 2, 3, 4, or 5 for their completion in support of your request. Appropriate forms must be completed by the treating professional, not by the applicant. The form(s) and required supporting documentation must be submitted with your request.

IF YOU ARE REQUESTING TEST ACCOMMODATIONS BECAUSE OF A LEARNING DISABILITY OR ADHD, THE COMMITTEE ON EXAMINATIONS SUGGESTS THAT YOU PROVIDE THE INFORMATION LISTED BELOW:

- All learning disability testing, including school testing at any point in your life (psychological, educational, or neurological) including standardized test scores not already requested on the Learning Disability Form 3.
- All confirmations of your disability by anyone other than the diagnosing professional, including in-school testing, guidance counselors, etc.
- All re-evaluations of your learning disability, by anyone, since the date of the initial evaluation, including the evaluator's interpretive reports or notes.
- Educational output documents, such as grade reports, which might support an improvement in performance after initial diagnosis/treatment/accommodation.
- Any other documentation that would enable the Committee to evaluate your request for test accommodations.

APPLICANTS REQUESTING ADDITIONAL TESTING TIME: Submit documentation from your physicians or other licensed professionals that details the basis for the requested additional time and the amount of additional time recommended. **If a specific amount of time is not indicated, your request may be rejected due to insufficient information.**

APPLICANT ACCOMMODATION REQUEST

Based on your specific disabilities, what testing accommodations do you believe are necessary to take the examination? Review standard information below and then check all specific accommodations you believe are necessary. You must clearly relate the required rationales to your stated disability.

TEST SCHEDULE

Standard Test Schedule: Four sessions over two days

Day One –

MEE six essay questions administered in one 3-hour session followed by a break.

MPT two performance questions administered in one 3-hour session.

Day Two –

MBE 100 multiple choice questions administered in one 3-hour session followed by a break.

MBE 100 multiple choice questions administered in one 3-hour session.

Examinees are permitted access to water, medication, and restrooms during testing.

☐ **Modified Alternative Test Schedule Request:**

If an extended schedule is being requested, specify the amount of **additional time** requested for each session of the bar examination. Explain **why additional** specified time is needed for each test format of the examination.

All requests for additional time, extra breaks or limited hours in a day must specify the exact amount or duration. If specific detail is not indicated, the request for accommodation will be deemed incomplete. No accommodation of unlimited time will be considered or granted.

Generally, the following alternative schedules will apply, though some variations may occur:

Test sessions for extended time of 25% or more will be split into 8 sessions and tested over 4 days. Test sessions for extended time below 25% will be tested over 2 days and may result in a test day with more than the standard 6 hours of testing in one day.

MEE and MPT (essay and performance exams) - ☐ 10% ☐ 25% ☐ 33% ☐ 50% ☐ 100%

Rationale Required:

MBE (multiple choice exam) - ☐ 10% ☐ 25% ☐ 33% ☐ 50% ☐ 100%

Rationale Required:

Other:

Specify any other requested alteration to the standard test and break schedule.

Request and Required Rationale:**TEST ENVIRONMENT****Standard Test Environment:**

Standard testing generally occurs in one large, secured room with examinees seated 2-4 feet apart at a shared or individual table. Great care is taken to ensure the environment is suitable for high stakes testing.

☐ **Modified Alternative Test Environment Request:**☐ Distraction reduced setting☐ Private setting☐ Other please specify _____**Rationale Required:****TEST MATERIAL DELIVERY & RESPONSE FORMATS****Standard Test Materials Format:**

The bar exam is administered in-person at an event venue, not a testing center. Instructions are read aloud before the start of the exam. Exam materials are provided in 12-point font printed paper format. MEE and MPT answers may be typed on examinee personal laptop computer if examinee has registered, paid, and downloaded approved software from the attorney admissions designated vendor. All examinees answer MBE questions using pencils and paper scantron bubble sheets provided to them at the exam.

☐ **Modified Alternative Format Request:**☐ Large Print Examination Materials: ☐ 18 pt or ☐ 24 pt☐ Braille☐ Audio CD☐ Other please specify: _____**Rationale Required:**

☐ **Personal Assistance Request:**

If the Committee authorizes the use of personal assistance to transcribe your exam answers, the Committee will arrange to have a qualified person available at the examination.

- ☐ Dictate to a Digital Recorder
- ☐ Dictate to a Typist/Reporter
- ☐ Reader for MEE/MPT
- ☐ Scribe for MBE
- ☐ Assistance with MBE Scantron sheet
- ☐ Alternate format for MBE Scantron sheet
- ☐ Printed instructions
- ☐ Other please specify: _____

Rationale Required:

TEST EQUIPMENT

Standard Equipment Provided: Tables, chairs, and lighting will be standard unless a specific request related to your disability is requested and granted. All examinees are provided with disposable foam earplugs for each session of the exam. Use of personal keyboard and mouse are permitted for registered laptop users. No wireless devices are permitted.

☐ **Request Permission to Bring Your Own Special Furniture or Equipment**

Description Required:

Rationale Required:

PERMITTED AND ROHIBITED ITEMS

Standard Permitted Items

The following items are permitted into the exam room in **ONE clear, quart or gallon sized zip top style plastic food storage bag provided by the applicant:**

- Wallet
- Money or credit card
- Government issue ID for entry
- Keys
- Non-digital (analog) wristwatch
- Sunglasses, eyeglasses, contact solution, eyedrops
- Prescription medication(s) with prescription label
- Non-prescription medication(s) removed from packaging
- Feminine hygiene products in original wrappers
- Transparent water bottle(s) with no label or writing
- Laptop power cord, wired mouse, wired keyboard on MEE and MPT test day(s) if laptop certified.

If an item is not on the above Permitted Items list, it is prohibited—this is strictly enforced.

☐ **Request Permission to Bring Personal/Prohibited Item(s):**

Description Required for Each Requested Item:

Rationale Required for Each Requested Item:

☐ **OTHER REQUEST**

Specify Request and Rationale for any request not addressed above:

V. APPLICANT'S SIGNATURE

☐ **I am aware it is my responsibility to timely file a complete request for testing accommodation, which includes all necessary forms and required supporting documentation.**

☐ **I understand my request will not be reviewed by the Committee on Examinations if found to be incomplete and or not timely filed.**

☐ **I have attached all original supporting forms and documents in legible form. I understand this request should be filed with my online exam application as soon as possible, but no later than the date specified as the final filing deadline for the Arizona bar examination. I further understand the Committee on Examinations will not review requests received after the final filing deadline.**

☐ **I have submitted this form (Form 1), plus other required forms and supporting documentation specific to my request as indicated below:**

- ☐ Form 2-Physical Disability Verification and required supporting documents
- ☐ Form 3-Learning Disability Verification and required supporting documents
- ☐ Form 4-AD/HD Disorder Verification and required supporting documents
- ☐ Form 5-Mental/Psychological Disability Verification and required supporting documents
- ☐ Form 6-Law School Accommodation Verification
- ☐ Form 7-Bar Admissions Accommodation Verification
- ☐ Other accommodation verification documents (i.e., MPRE, LSAT)

☐ **I declare under penalty of perjury that the submitted information is true and correct. I understand that false statements will result in denial of my admission to practice law in Arizona based on character and fitness grounds.**

(Applicant's Signature)

(Date)

The Committee on Examinations reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.