



ARKANSAS STATE BOARD OF LAW EXAMINERS

FORM 1 APPLICANT REQUEST FOR TEST ACCOMMODATIONS

NOTICE TO APPLICANT: This form is part of your request for test accommodations for the Arkansas Bar Examination. This form and all other applicable forms and required documentation must be filed by applicable deadlines for the examination testing date. If additional space is needed to respond to any item, please attach a separate page.

Full Name: _____

Date of Birth: _____

Email Address: _____

Bar Exam Testing Date: ☐ February ☐ July _____ (Year)

I. YOUR DISABILITY STATUS

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

☐ Learning Disability

☐ Visual Disability

☐ AD/HD

☐ Physical Impairment

☐ Psychological Disability

☐ Other _____

2. List your age when first diagnosed. _____

3. Describe your specific disability and the resulting impairments you experience in your daily life. Please identify specific past experiences that demonstrate the manner in which your disability substantially limits one or more of your major life activities.

4. Identify all qualified professionals who have tested, evaluated, or assessed you relative to the disability or disabilities identified above within the last five years.

5. Are you currently being treated? ☐ Yes ☐ No
If yes, provide the name, qualifications, and telephone number of your treating professional(s).

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

7. Is the treatment or medication effective in controlling symptoms? ☐ Yes ☐ No
If no, describe remaining symptoms and any side effects.

8. **[Optional]** If there is anything else you would like the Arkansas State Board of Law Examiners to know about your disability and need for accommodations, you may attach a personal narrative.

II. HISTORY OF ACCOMMODATIONS

For the following questions below, follow these guidelines:

If you were granted accommodations: Select “**Yes.**” Provide the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted them, and the relevant time frame.

If you did not request accommodations: Select “**Not requested.**” Explain why you did not request accommodations.

If you were denied accommodations (in whole or in part): Select “**Requested but Denied.**” Provide the month and year of your request, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency involved, and the reason given for the denial.

*Note: If your request was granted in part and denied in part, you should select both “**Yes**” and “**Requested but Denied.**”*

1. Did you receive accommodations for a bar examination taken in another jurisdiction?

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

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

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

3. Did you receive accommodations in law school?

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

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

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

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

LSAT ☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

MCAT ☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

GRE ☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

GMAT ☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

SAT ☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

ACT ☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

6. Did you receive accommodations or disabled-student services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

7. Did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or a 504 Plan?

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

8. Have you previously applied to take the Arkansas Bar Examination and submitted a request for accommodations?

☐ Yes ☐ Not Requested ☐ Requested but Denied ☐ N/A

III. ACCOMMODATIONS REQUESTED FOR THE ARKANSAS BAR EXAMINATION

1. What accommodations are you requesting? Check all that apply.

☐ Test Question Formats:

☐ Braille

☐ Audio CD

☐ Large Print/ 18-point font

☐ Large Print/ 24-point font

☐ Assistance:

☐ Reader

☐ Typist

☐ Scribe for MBE

☐ Extra Testing Time. Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Amount of Extra Time Requested
MPT	3 hours (A.M.)	
MEE	3 hours (P.M.)	
MBE/ Multiple Choice	3 hours (A.M.)	
MBE/ Multiple Choice	3 hours (P.M.)	

☐ Other Accommodations. Describe any additional accommodations you are requesting.

2. For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination. If you are requesting extra time, please explain why the particular amount of time you are seeking is appropriate and reasonable in your case.

IV. SUPPORTING DOCUMENTATION

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed Form 1: Applicant Request for Test Accommodations. Review the General Instructions for Requesting Test Accommodations for a detailed explanation of the supporting documentation you should submit.

Medical Documentation

Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis forming the basis for the request for test accommodations. Submit a copy of all reports of any testing, evaluation or assessment relative to your disability or disabilities conducted within the last three years. If you are requesting accommodations based upon more than one disability, you should supply this medical documentation for 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., third year of law school) 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 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 and your LSAC Academic Summary Report. Transcripts or report cards from elementary, middle school, and high school, while not required, are helpful and may be requested by the Board in some cases.

V. CERTIFICATIONS, AUTHORIZATIONS, AND RELEASES

_____ Initial The information I have provided in support of my request for test accommodations is true, complete, and correct to the best of my knowledge and belief.

_____ Initial I understand that if the Arkansas State Board of Law Examiners 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, the Board reserves the right to withhold or void my bar examination scores and/or treat such conduct as a character and fitness issue.

_____ Initial I understand that my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Board, and I authorize such disclosure. If further information regarding the documentation that I have provided is needed, I authorize the Board to contact the professional(s) who diagnosed and/or treated my disability. I further authorize such professionals to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

_____ Initial I authorize the Arkansas State Board of Law Examiners to contact those entities which have provided me testing accommodations or with whom I have a current application for testing accommodations pending for the purposes of ascertaining what accommodations have been or will be granted or will be denied. I further authorize such entities to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

_____ Initial I understand the purpose of testing accommodations is to provide equal access to the bar examination. I also understand testing accommodations must be reasonable, consistent with the nature and purposes of the examination, and necessitated by my disability. I understand that while the use of accommodations on the bar examination should enable applicants to better demonstrate their knowledge mastery, accommodations are not a guarantee of improved performance, test completion, or a passing score.

_____ Initial I understand that any accommodations previously granted by other testing entities or educational institutions do not ensure, imply, or guarantee that the same accommodations will be approved for the Arkansas Bar Examination.

Applicant Signature

Date Signed

VI. APPLICANT CHECKLIST

Review this checklist carefully and mark the appropriate lines to indicate the documents you are submitting with your request for accommodations on the Arkansas Bar Examination. Include this complete checklist with your submission.

1. The applicable disability verification form with comprehensive evaluation report and/or relevant records attached:

- ☐ 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

2. A Form 7: Certification of Accommodations History completed by *each entity* from which you previously requested accommodations and/or a copy of notification letters.

- ☐ Not Applicable (if you have never requested accommodations before)
- ☐ Bar examining agency in another jurisdiction
- ☐ MPRE
- ☐ Law School
- ☐ Undergraduate or graduate studies
- ☐ Standardized Tests (LSAT, MCAT, GRE, GMAT, SAT, ACT)
- ☐ Individualized Education Plan (IEP) or 504 Plan
- ☐ High school (other than IEP or 504 Plan)
- ☐ Elementary school (other than IEP or 504 Plan)

3. Academic Transcripts (if applicable)

- ☐ Not Applicable (if you do not have a learning disability, AD/HD, or psychological disability)
- ☐ Law school transcript(s)
- ☐ LSAC Academic Summary Report
- ☐ Undergraduate transcript(s)
- ☐ [Optional] Elementary, middle, and high school transcript(s)

4. Application Form

- ☐ This completed and signed Form 1: Applicant Request for Test Accommodations
- ☐ [Optional] Personal Narrative (see Section I, item number 8)
- ☐ This completed checklist

I have completed and attached all the required forms and supporting documentation.

Applicant Signature

Date Signed