



ARKANSAS STATE BOARD OF LAW EXAMINERS

FORM 5: VISUAL DISABILITY VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the bar examination for you based on a visual disability. 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: _____

Applicant's date of birth: _____

Date(s) of Evaluation/ Treatment: _____

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 Arkansas State Board of Law Examiners or consultant(s) of the Board.

Applicant's Signature

Date

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Arkansas 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 based on a visual disability. The Board of Law Examiners also requires qualified professionals to complete this form. **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.** 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 Arkansas Bar Examination. We appreciate your assistance.

The Board may forward this information to qualified professionals for an independent review of the applicant's request. Print or type your responses to the items below.

Return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board.

I. EVALUATOR/ TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Email Address: _____

Occupation and specialty: _____

License number/ Certification/ State: _____

Describe your qualifications and experience to diagnosis and/or verify the applicant's condition or impairment and to recommend accommodations.

II. DIAGNOSIS

1. What is the applicant's current diagnosis? Include a statement as to whether the condition is stable or progressive.

2. State the applicant's best corrected visual acuities for distance and near vision.

III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY ADDRESS RELEVANT AREAS)

1. Describe the applicant's eye health (both external and internal evaluations).

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

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

4. Accommodative Skills: at near point, with or without lenses (provide measurements).

5. Oculomotor Skills: saccades, pursuits, tracking.

IV. FUNCTIONAL LIMITATIONS

Describe the functional impact, if any, of the applicant's visual condition on the applicant's reading ability.

V. ACCOMMODATIONS RECOMMENDED FOR THE ARKANSAS BAR EXAMINATION (CHECK ALL THAT APPLY)

The Arkansas Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to 12:00 p.m. and from 1:30 p.m. to 4:30 p.m. on Tuesday and Wednesday as scheduled twice a year. There is a lunch break from 12:00 p.m. to 1:00 p.m. each day.

The first day consists of two performance tests (MPT) in the morning session and six essay (MEE) questions in the afternoon session. The essay and performance questions 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 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 administered 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 assigned seats in a room set for 50- 300 applicants. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs which are provided. They are not allowed to bring food or drinks into the testing room unless approved as accommodations. They may leave the room only to use the restroom or drinking fountain near the testing room; however, applicants are not provided with additional testing time when leaving.

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?

☐ Test Question Formats:

☐ Braille

☐ Audio CD

☐ Large Print/ 18-point font

☐ Large Print/ 24-point font

☐ Assistance:

☐ Reader

☐ Typist

☐ Scribe for MBE

Explain your recommendation(s).

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

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

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

☐ Other arrangements. If you are recommending other accommodations or arrangements for the applicant, describe the recommended arrangements and explain why each is necessary.

VI. 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 upon the information in my records.

Signature of Person Completing this Form

Date

Title

Email Address