

**Massachusetts Board of Bar Examiners  
Nonstandard Testing Accommodations**

**Guidelines and Instructions for  
Applicants and Licensed Professionals**

The following guidelines are provided to assist the applicant in documenting a need for Nonstandard Testing Accommodations (NTA) based on an impairment that substantially limits one or more major life activities. The NTA application and supporting documents may be referred by the Board to a consultant who specializes in the appropriate area of disability.

**1. General Guidelines for All Disabilities:**

Applicants who require nonstandard testing conditions must file the attached NTA application (Forms A through D, pages 1-10 and Personal Statement) **in duplicate** with the office of the Board of Bar Examiners prior to the deadline stated below. Your petition for testing accommodations may be denied if it is not timely, signed, complete and legible.

**FILING:** The following forms (pages 1-10) and Personal Statement are to be completed, signed and submitted **in duplicate** to the Board of Bar Examiners in one envelope. A typed or printed application is requested:

(Make copies of the forms and documents, as they will not be returned to you)

**FORM A:**     **Authorization and Release** (page 1) - Complete, sign and date

**FORM B:**     **Petition for Nonstandard Testing Accommodations** (pages 2-4) - Answer ALL questions, sign, date and be sure to include a personal statement describing your disability and its impact on your daily life. The use of personal computer, typewriters and printers may be requested. If they are approved for use in connection with testing accommodations, they are to be provided by the applicant and are subject to inspection prior to the start of the exam.

**FORM C:**     **Statement of Law School Official** (pages 5-6). The applicant must have the law school complete the attached Statement of Law School Official specifying the accommodations made available (if any) to the applicant during the administration of law school examinations. The law school official also needs to attach the professional diagnostic reports and/or other documentation which was used as the basis for the law school's decision to grant accommodations. Form C is required whether or not you were granted testing accommodations by your law school.

**FORM D:**     **Professional Declaration** (pages 7-10) - Must be completed by applicant's licensed professional(s) describing the type and extent of the disability, and specifying the effect of the disability on an otherwise qualified applicant's ability to be examined (e.g. an applicant with macular degeneration has reduced central vision, which limits the ability to read). If prior accommodations were not required, the qualified medical/professional authority must include a detailed explanation as to why accommodations

were not given in the past and why accommodations are now necessary. Illegible or incomplete professional declarations will not be accepted. Because the provision of reasonable accommodations is based on assessment of the current impact of the examinee's disability on the testing activity, it is in the individual's best interest to provide "recent" documentation. Since applicants must establish "current impairment" in order to be eligible for accommodations, professional declarations based on diagnostic evaluations that are more than 3 years old may be unacceptable for that reason alone. Therefore, it is advisable to present professional declarations based upon assessments that are no more than 3 years old.

**PERSONAL STATEMENT:** Describe your disability and its impact on your daily life.

**FILING DEADLINE:** On or before **December 11, 2009.** You are encouraged to file your completed application and required documentation as early as possible in order to facilitate expedient decisions regarding accommodations that may be granted.

**FILE WITH:**                   **BOARD OF BAR EXAMINERS**  
**Suffolk County Courthouse**  
**3 Pemberton Square, 7<sup>th</sup> Floor – Room 707**  
**Boston, MA 02108**

**Do not file NTA application with bar examination application**

**NOTIFICATION:** You will receive written notice of the disposition of your petition no later than two to three weeks prior to the exam. If your request for NTA is approved, you will be tested in an area with other applicants receiving similar accommodations.

2. **Guidelines for Learning Disabilities:**

Documentation for applicants submitting a request for an accommodation based on a learning disability or other cognitive impairment should contain all of the items listed in the General Guidelines for All Disabilities in addition to the information requested below:

**A.** Because learning disabilities commonly manifest during childhood (though not always diagnosed), historical information regarding the individual's academic history and learning problems in elementary, secondary, and postsecondary education should be documented and provided. Establishing an early onset of symptoms and impairment during childhood can be accomplished by providing copies of historical documents such as report cards from kindergarten, elementary school, middle school, and high school, prior psychoeducational testing reports, copies of Individualized Education Plans or 504 Plans, achievement test scores, teacher comments and the like. Self report alone, without any accompanying historical documents that validate developmentally deviant learning problems, is generally not sufficient to establish a learning disability.

**B.** Documentation must be comprehensive. Objective evidence of a substantial limitation in learning must be provided. At a minimum, the comprehensive evaluation should include the following:

- A description of the presenting problem
- Documentation of a comprehensive diagnostic interview and developmental history taking
- Relevant academic history including results of prior standardized testing, grades, any suspensions or disciplinary actions, and any relevant teacher comments regarding classroom performance and behaviors
- Relevant family history including primary language of the home and current fluency in English
- Relevant psychosocial history
- Relevant medical history including ruling out a medical basis for the presenting symptoms
- Relevant employment history, including how the learning problems may have impacted performance on past or current jobs
- Exploration and ruling out of possible alternative explanations that may better explain the learning/testing difficulties (situational stressors, anxiety, depression, divorce, substance abuse, etc.)

C. A psychoeducational or neuropsychological report must be provided. This report must be submitted on the letterhead of a qualified licensed medical/professional authority and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist. Diagnosticians need to build a solid case for their diagnostic conclusions incorporating not only testing scores and self reported history, but including evidence of real world functional impairment relating to the learning problems. For example, in the case of a reading disability, diagnosticians should provide evidence of persistent reading deficiencies in the classroom (low reading groups, history of tutoring/extra help, teacher observations of deficient oral reading comprehension, resource room assistance, etc.) rather than a single test score on a standardized test such as the Nelson Denny Reading Test. It is not appropriate to base any learning disability diagnosis on only one or two subtests. You must also present objective evidence of a substantial limitation to learning that goes beyond mere test scores. Any tests used must be appropriately normed for the age of the patient and must be administered in the designated standardized manner. Minimally, the domains to be addressed should include the following:

- **Cognitive Functioning:** A complete cognitive assessment is essential with all subtests and standard scores reported. This is necessary to rule out intellectual limitations as an alternative explanation for academic difficulty and to identify cognitive strengths and weaknesses. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock Johnson Psychoeducational Battery-III; Tests of Cognitive Ability; and Kaufman Adolescent and Adult Intelligence Test.
- **Achievement:** A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), spelling and written expression. Acceptable instruments include, but are not limited to the Woodcock Johnson Psychoeducational Battery-III; Tests of Achievement; and The Scholastic Abilities Test for Adults (SATA). Other specific achievement tests may be a useful supplement to the achievement battery when interpreted within the context of other diagnostic information. However, please be advised that the Wide Range Achievement Test-3 (WRAT-3) and the Nelson Denny Reading Test are only screening tests and are not comprehensive diagnostic measures of achievement. Therefore, neither is acceptable

if used as the sole measure of achievement and neither is sufficient to establish a learning disability.

- **Information Processing:** Evidence of processing deficiencies might involve short and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, and/or motor ability. Acceptable measures include but are not limited to the Detroit Tests of Learning Aptitude - Adult (DTLA-A), Wechsler Memory Scale - III (WMS-III) and the Woodcock Johnson Psychoeducational Battery - III: Tests of Cognitive Ability. It is helpful to show how any testing weaknesses in these areas impact the person's functioning in learning and /or other major life activities.

**D.** Other assessment procedures (such as inspection of historical medical, psychiatric, or academic records, input from collateral informants who know the person well such as parents, teachers, tutors, coaches) or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from any co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, nonstandardized measures and informal assessment procedures may be helpful especially if they serve to illuminate legitimate real world functional impairment.

**E. Actual test scores must be provided (standard scores where available):**

Evaluators should use the most recent form of tests and should identify the specific test form as well as the norms used to compute the scores. It is helpful to list all test data in a score summary sheet appended to the evaluation.

**F. Records of academic history must be provided:**

Because learning disabilities most commonly have an onset during childhood, early school records, report cards, or other evidence of developmentally deviant learning problems should be provided whenever possible. Examples include kindergarten records, elementary, junior high and high school report cards, psychoeducational test batteries, 504 Plans, Individualized Education Plans (IEP's) college and law school transcripts. These sorts of records are essential to help validate self reported impairments and to help determine if the history of functional impairment is of sufficient magnitude to rise to the level of a clinical diagnosis of a disability.

**G. Clinicians must build a sufficient case for their diagnostic conclusions and document an attempt to rule out other possible causes for the learning problems:**

The evaluation should provide a sound rationale to support the learning disability diagnosis and show how the deficits interfere in learning and how they impair the person in standardized testing situations. Again, no single test or subtest is a sufficient basis for a learning disability diagnosis. The differential diagnosis must demonstrate that:

- a) Significant difficulties started early and have persisted in the acquisition and use of listening, speaking, reading, writing or reasoning skills
- b) The problems being experienced are not primarily due to other factors such as insufficient cognitive ability, lack of exposure to the behaviors/skills needed for academic success in law school, or to an inappropriate match between the individual's ability and the instructional demands of the law school environment or the bar exam

## **H. A clinical summary must be provided:**

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the clinician's report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential then that the evaluator builds a case for the diagnosis by integrating all of the assessment information gathered in a well-developed clinical summary. The following elements should be included in the clinical summary:

- ~ Demonstration of the evaluators having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems, substance abuse, or cultural/language differences
- ~ Indication of how patterns in cognitive ability, achievement and information processing (both in test scores and in real world functioning) are used to determine the presence of a learning disability
- ~ A description of what historical records were inspected and how they demonstrate a history of impairment that would support the learning disability diagnosis
- ~ Specific description of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of taking the bar examination
- ~ Indication as to why specific accommodations are needed and how the accommodations will ease the impact of the disability in the testing (bar exam) situation

## **I. Each accommodation recommended by the evaluator must include a rationale:**

The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Accommodation requests are not granted on the basis of a diagnostic label, they should be tied to the history of functional impairment. The documentation should include any record of prior accommodations or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of receiving accommodations in other academic/testing environments is not a guarantee one will receive accommodations for the bar exam. Applicants must provide sufficient documentation to substantiate they have a current need for accommodations and that they meet the ADA's definition of disabled. If no prior accommodations have been provided; the qualified licensed medical/professional authority must include a detailed explanation as to why no accommodations were used or necessary in the past and why accommodations are needed at this time.

**NOTE:** Please be advised that the Massachusetts Bar Examination does not test math skills, and factors such as grammar, penmanship, and spelling are not considered in the grading of the essay answers. Additionally, problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities, and therefore, are not covered under the ADA.

### **3. Guidelines for Attention Deficit Hyperactivity Disorder (ADHD) including ADD:**

The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) are used as the basic guidelines for determination of an Attention Deficit Hyperactivity Disorder diagnosis. An applicant warranting an ADHD diagnosis must meet the basic DSM-IV criteria including the following:

- A. Demonstrate they exhibit a sufficient number of symptoms (listed in DSM-IV) of Inattention and/or Hyperactivity/Impulsivity that have been persistent and maladaptive. The exact symptoms should be specified and described in detail.
- B. Since ADHD is by definition a childhood onset disorder, the documentation must also provide evidence to support a childhood onset of symptoms and associated impairment. Self-report is generally insufficient to substantiate a childhood onset of symptoms/impairments. It is always helpful to provide historical records that validate self-reported impairment such as kindergarten, elementary, middle school, and high school report cards, Individualized Education Plans (IEP's), 504 Plans, early psychoeducational testing reports, teacher comments, disciplinary records, and the like.
- C. Provide objective evidence demonstrating that current impairment from the symptoms is present in two or more settings. Since ADHD tends to affect people over time and across situations in multiple life domains, it is necessary to show that the impairment is not confined to only the academic setting.
- D. A determination that the symptoms of ADHD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders, substance abuse, low cognitive ability, etc.) or situational stressor (such as divorce, grief reactions, family or financial crisis).
- E. Indicate the specific ADHD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

In addition, the following information explains some other important considerations regarding ADHD documentation:

- **Records of academic history should be provided:**

Because developmental disabilities such as ADHD are usually evident during childhood (though not always diagnosed), historical information regarding the individual's academic and behavioral functioning in elementary and secondary education should be provided (see B, above). In addition, you must provide transcripts from both undergraduate and law school. Re-applicants are not required to resubmit undergraduate and law school transcripts. Self-report alone, without any accompanying historical documents that validate developmentally deviant ADHD symptoms and impairment, is generally not sufficient to substantiate an ADHD diagnosis.

- **A qualified diagnostician must conduct the evaluation:**

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults with ADHD is necessary.

- **Testing/assessment must be current**

Because the provision of reasonable accommodations is based on assessment of the current impact of the examinee's disability on the testing activity, it is necessary to provide "recent" documentation. Since applications must establish "current impairment" in order to be eligible for accommodations, diagnostic evaluations that are more than 3 years old may be denied for that reason alone. Therefore, professional declarations should be based on evaluations that are no more than 3 years old.

- **The documentation should build a case for and provide a sound rationale for the ADHD diagnosis**

An ADHD evaluation is primarily based on in-depth history reflecting a chronic and pervasive history of ADHD symptoms and associated impairment beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the applicant's relevant background including family, academic, behavioral, social vocational, medical, developmental, and psychiatric history. There should be an emphasis on how the ADHD symptoms have manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in his/her coping efforts. Any past or current treatments for ADHD and the impact of those treatments should be discussed (including medications, accommodations, tutoring, classroom modifications, counseling etc.).

- **Test scores alone are not sufficient to establish an ADHD diagnosis**

Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale-III (WAIS-III), memory function tests, attention or mental tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as additional evidence of attentional problems that support the history of the applicant's functional impairment. A neuropsychological or psychoeducational assessment can be helpful in identifying the individual's pattern of strengths and weaknesses and whether there are patterns supportive of attention problems. However, a comprehensive testing battery alone, without illuminating a pattern of real world functional impairment, will not be sufficient to establish an ADHD diagnosis or disability. Checklists and/or ADHD symptom rating scales can be a helpful supplement in the diagnostic process but by themselves are not adequate to establish the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

- **Each accommodation recommended by the evaluator must include a rationale.**

**Thus, in addition to a comprehensive diagnostic evaluation, the report should also address the history of accommodation and the objective of those accommodations.**

Accommodations are not granted on the basis of a diagnostic label. Instead, accommodation requests need to be tied to a history of functional impairment that supports their use. The evaluator must describe the type and degree of impact the ADHD has (if one exists) on a specific major life activity. The diagnostic report must include specific recommendations for accommodations that flow logically from the history of functional impairment. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated to specific identified functional limitations.

It is important to note that a prior history of receiving accommodations in previous academic/testing environments is not a guarantee one will be granted accommodations on the bar exam. Prior documentation may have been adequate in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning and needs to show that the person currently meets the ADA's definition of disabled. A prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation. If no prior accommodation has been provided, the qualified medical/professional authority and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is necessary at this time.

- **Documentation must include a specific diagnosis**

The report must include a specific subtype diagnosis of ADHD based on the DSM-IV diagnostic criteria. Evaluators should be particularly careful regarding individuals diagnosed with ADHD, predominantly inattentive type, since this is often confused with symptoms of poor organization, test anxiety, or memory/concentration difficulties that are evident only on a situational basis. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself neither supports nor negates the ADHD diagnosis or the need for accommodation.

#### **4. Guidelines for Medical, Physical or Other Psychological Disabilities:**

A qualified licensed professional who is familiar with the disability of the individual must submit the professional declaration and evaluation report that includes the following information:

- A clear statement of the medical diagnosis(es) from a physician, neurologist, or other medical specialist.
- A detailed history of the disability as well as a description of present symptoms, which meet the criteria for diagnosis.
- An assessment of the functionally limiting manifestations of the condition for which accommodations are requested.
- Medical information relating to the applicant's needs, including the impact of medication or other therapeutic interventions on the applicant's ability to meet the functional demands of the bar examination.
- Recommendations of reasonable accommodations, which will ease the impact of the disability in the (bar exam) testing environment. These recommendations should be supported by diagnosis.

The evaluator must address all sections in the evaluation report that pertain to the impairment of the individual. Please reference specific tests, clinical observations, or other objective data and provide documentation of tests, if relevant. To avoid delays in the processing of accommodation requests, it is very important that all information provided be legible.

**SEE GENERAL GUIDELINES FOR ADDITIONAL INSTRUCTIONS**

**APPLICATION FOR NONSTANDARD TESTING ACCOMMODATIONS**

**AUTHORIZATION AND RELEASE**

**FEBRUARY 2010**

**FORM A**

I, \_\_\_\_\_, in connection with my application for Nonstandard Testing Accommodations (NTA)  
Type or Print Name

for the Massachusetts Bar Examination, authorize the Massachusetts Board of Bar Examiners to provide, at the Board's discretion, a copy of any and all documents which I submit in connection with this NTA application to such persons and/or consultants as the Board may deem necessary to adequately evaluate my request for nonstandard testing accommodations.

I hereby release, discharge and exonerate the Board and/or its designee(s) and/or any persons to whom information may be provided pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

I understand that the full and correct completion (Forms A, B, C, D & Personal Statement) of this application for nonstandard testing accommodations is a prerequisite for the Board of Bar Examiners' consideration of my request for nonstandard testing accommodations. I hereby certify that all of my answers are true and complete. I am aware that if any answers are willfully omitted or false, I may jeopardize my examination results, admission to the bar of the Commonwealth of Massachusetts, my subsequent good standing as a member of the bar, and that I may be subjected to such penalties as provided by law. I further certify that I have read the application for nonstandard testing accommodations and the facts stated therein are true and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Forms A through D and your Personal Statement must be returned on or before December 11, 2009 to:**

**BOARD OF BAR EXAMINERS**  
**SUFFOLK COUNTY COURTHOUSE**  
**3 PEMBERTON SQUARE**  
**7<sup>TH</sup> FLOOR – ROOM 707**  
**BOSTON, MA 02108**

**DO NOT FILE WITH BAR EXAMINATION APPLICATION**

**FILE IN DUPLICATE**

**PETITION FOR NONSTANDARD TESTING ACCOMMODATIONS**

**MASSACHUSETTS BAR EXAMINATION**

**FEBRUARY 2010**

**FORM B**

APPLICANT: \_\_\_\_\_  
(name)

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(city, state, & zip code)

telephone #: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(law school(s))

**1. Nature of Disability (Check all that apply)**

- | <b>A. <u>Disability</u></b>                       | <b><u>When was disability first professionally diagnosed?</u></b> |                                    |  |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Hearing Disability       | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> Learning Disability      | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> Physical Disability      | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> Psychological Disability | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> ADHD                     | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> Visual Disability        | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> Other Disability         | <input type="checkbox"/> less than 1 year                         | <input type="checkbox"/> 1-4 years | <input type="checkbox"/> 5 or more years |

B. Specific Diagnosis: \_\_\_\_\_

C. Please provide the date of the most recent evaluation of your disability: \_\_\_\_\_

D. In addition to the professional documentation required, you must attach a **personal statement** describing your disability and its impact on your daily life, educational functioning in testing situations and on your overall functioning.

**2. Past accommodations made for your disability:**

A. Did you attend a special school/program, qualify for special education services or use disabled student services at any time during your educational career? If so, check all that apply and provide a detailed description of the program/service attended or used.

- No
- Elementary school \_\_\_\_\_
- High school \_\_\_\_\_
- College \_\_\_\_\_
- Law School \_\_\_\_\_
- Other \_\_\_\_\_

**FORM B (PAGE 2 OF 3)**

- B. Did you apply for and receive nonstandard testing accommodations for classroom examinations and/or admissions tests? If so, 1) check all that apply 2) describe the specific accommodation 3) specify amount of additional time received, if applicable and 4) please note if accommodations were denied.

	<b>Accommodation</b>	<b>Additional Time Granted</b>	<b>Denied</b>
<input type="checkbox"/> <b>Grade school:</b>	_____	_____	_____
<input type="checkbox"/> <b>High school:</b>	_____	_____	_____
<input type="checkbox"/> <b>College:</b>	_____	_____	_____
<input type="checkbox"/> <b>Law School:</b>	_____	_____	_____
<input type="checkbox"/> <b>SAT:</b>	_____	_____	_____
<input type="checkbox"/> <b>LSAT:</b>	_____	_____	_____
<input type="checkbox"/> <b>MPRE:</b>	_____	_____	_____
<input type="checkbox"/> <b>GMAT:</b>	_____	_____	_____
<input type="checkbox"/> <b>Other</b> , please specify: _____			
<input type="checkbox"/> <b>None</b>			

- C. Provide supporting documentation for the accommodations received above.
- D. If you were denied for any of the above, please explain and attach relevant documentation. (Attach rider page for explanation.)
- E. Have you previously applied to take a bar examination(s)?  Yes  No  
 Did you request accommodations?  Yes  No  
 If yes, complete the following and **provide supporting documentation**:

<u><b>Name of Jurisdiction</b></u>	<u><b>Date of Exam</b></u>	<u><b>Accommodation Received</b></u>
_____	_____	_____
_____	_____	_____

*(Attach a copy of the letter from the jurisdiction granting or denying the accommodations.)*

F. Provide LSAT and MPRE Score Reports

3. Are you taking the Multistate Bar Examination (MBE) in Massachusetts?  Yes  No  
 If no, where will you take the MBE? \_\_\_\_\_  
 Jurisdiction
4. Have you requested seating in Springfield?  Yes  No
5. Are you receiving or have you applied and qualified for Social Security Disability Benefits?  Yes  No  
**(Provide supporting documentation.)**
6. Nonstandard Testing Accommodations requested from the Massachusetts Board of Bar Examiners:  
 (Check all that apply):
- Test Formats:**  Regular  Braille  Tape  Large Type
- Assistance:**  Reader  Scribe  Computer\*  
 Other: \_\_\_\_\_

**Extra Time:**  Yes  No **If yes, how many minutes per 3 hour session:**  30  60  90  180\*\*

If requesting extra time, your licensed professional must a) provide the rationale for the extra time b) submit supporting documentation that the request for additional time ameliorates the impact of the applicant's disability on the examination process without fundamentally altering the nature of the exam. Requests for unlimited time are not reasonable accommodations under the ADA.

7. Include a **personal statement** with your name and signature describing your disability and its impact on your daily life.
8. File this NTA application in its original form along with a copy.

**\*Provided by applicant.**

**\*\*Administered over 4 days at Boston Exam Site Only**

FORM B (PAGE 3 OF 3)

I understand that **it is my responsibility** to:

- File a **COMPLETE** NTA application **in duplicate** and I understand that it will be returned to me if found to be incomplete, untimely or otherwise not filed in compliance with the Board's instruction.
- Provide adequate documentation in support of my disability and I have attached all original, supporting documents to this NTA application.
- Submit to independent diagnostic testing **AT MY EXPENSE** by a doctor of the Board's choice, if the Board requests such testing.
- Bring my own aids if the accommodation request is approved. (Example: additional lighting, foot stool, magnifying items, and lumbar support)
- Coordinate nonstandard testing accommodations with other jurisdictions in which I am concurrently sitting.
- Bring my own **computer\***, **printer**, **extension-cord** and **paper** if I request and am granted use of a computer to type the essay answers.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)

\_\_\_\_\_  
(Signature of Petitioner)

**\*NB:** If you are requesting to use a computer, you must sign an **Affidavit of Compliance for Use of Computers and Printers** in which you **must state:**

1. the make and model of both the **computer and printer** that you are bringing to the exam site.
2. that your computer is **cleared of all saved files** (only standard word processing applications and operating software programs are accessible).
3. that your identified equipment and software will be subject to inspection prior to the beginning of the essay examination and will remain in the examination room until the examination is over.
4. that you are aware all essay answers must be printed by you **within the time allotted**.
5. that if your equipment **malfunctions**, you must continue the essay examination by hand-writing the essay answers.
6. that the **Board** assumes **no liability** in the event that any portion(s) of your essay answer(s) becomes lost or missing due to technical difficulties or power outages, and if any or all of your essays are unrecoverable, only those portions that are retrievable will be graded.

**Forms A through D and Personal Statement must be returned in duplicate on or before December 11, 2009 to:**

**BOARD OF BAR EXAMINERS  
SUFFOLK COUNTY COURTHOUSE  
3 PEMBERTON SQUARE  
7TH FLOOR – ROOM 707  
BOSTON, MA 02108-1700**

**DO NOT FILE WITH BAR EXAMINATION APPLICATION**

**\*STATEMENT OF LAW SCHOOL OFFICIAL**  
**(Please Type or Print Legibly or Form May be Returned to You)**

**FORM C**

Since it is the responsibility of the Board of Bar Examiners to make an independent judgment whether nonstandard testing accommodations (NTA) will be granted, it is important that you comply fully with the requests for reports and attachments referred to below.

IN REGARD TO THE NTA APPLICATION OF: \_\_\_\_\_ for  
(Applicant)  
nonstandard testing accommodations for the Massachusetts Bar Examination,

I, \_\_\_\_\_, declare under penalty of perjury that my position at  
(Law School Official)

\_\_\_\_\_  
(Name of Law School)

is \_\_\_\_\_  
(Title - Dean/Assistant Dean/etc.)

As such it is my responsibility to authorize any nonstandard testing accommodations requested by students for the specific purpose of easing the impact of their disability on taking law school examinations.

The applicant was given authorization to receive the following nonstandard testing accommodations during the administration of examinations at this law school (Please be specific: essay, multiple choice, open book, other examination, regular time, extra time and/or other aids, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates during which the applicant received accommodations:

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

The authorization to receive nonstandard testing accommodations was based upon the written report(s) of \_\_\_\_\_ . Copies of the report(s), (and any other historical records/documentation that support the disability) are attached to this statement.

**FORM C (PAGE 2 OF 2)**

The qualifications of \_\_\_\_\_ to diagnose the disability and recommend these accommodations were established as follows:

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If the authorization was not based upon written reports, copies of which are attached, it was based upon the following: (a detailed explanation of the basis on which the accommodations were granted must be set forth.)

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If nonstandard testing accommodations were denied, the basis of the denial was the following:

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Executed on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)

By \_\_\_\_\_  
(Signature) (Title – Dean/ Assistant Dean, etc.)

\_\_\_\_\_  
(Type or Print Name and Title)

\_\_\_\_\_  
State Registration # if applicable

\_\_\_\_\_  
Telephone Number

**\*THIS STATEMENT MUST BE EXECUTED BY YOUR LAW SCHOOL WHETHER OR NOT YOU WERE GRANTED OR REQUESTED NONSTANDARD TESTING ACCOMMODATIONS FROM YOUR LAW SCHOOL.**

**SUBMIT TO THE BOARD OF BAR EXAMINERS IN DUPLICATE. DO NOT FILE WITH BAR APPLICATION.**

**PROFESSIONAL DECLARATION**  
**(Please Type or Print Legibly or Form May Be Returned to You)**

**FORM D**

PLEASE NOTE: Illegible or incomplete declaration(s) will not be accepted. It is the responsibility of the Board of Bar Examiners to make an independent judgment whether nonstandard testing accommodations will be granted for the taking of the bar examination. Unsubstantiated conclusions of diagnosticians are insufficient and not binding on the Board. The full basis including test scores, reports, school records, report cards or other documents supporting evidence of functional impairment for all diagnoses and recommendations for nonstandard testing accommodations must be included for consideration by the Board and its consultants.

(Additional sheets and reports may be attached, if necessary, to fully respond to any questions. Incomplete answers may result in the rejection of this declaration.)

1. Patient's:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Licensed Professional completing this form:

Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Office address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_  
\_\_\_\_\_

I acknowledge that this Declaration will be received by the Massachusetts Board of Bar Examiners for the purpose of determining any nonstandard testing accommodations to be granted to the patient for the taking of the bar examination, which is a timed examination consisting of one day of multiple choice questions and one day of fact statements for essay answers. The standard test day consists of two three-hour sessions. I also acknowledge that the Board may submit this Declaration for professional evaluation.

3. A full explanation of my qualifications (include relevant education, certifications, licenses and professional history) to submit this Professional Declaration is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ was my patient from \_\_\_\_\_ to \_\_\_\_\_  
Patient Name

and  did  did not become my patient, in part, for the purpose of procuring a report to be submitted to obtain nonstandard testing accommodations for school attendance or for the taking of an examination.

**FORM D (PAGE 2 OF 4)**

5. My specific diagnosis (ICD 9 code and/or DSM IV code) for the patient's condition(s) or illness creating a disability is as follows:

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6. A full explanation of the basis for my diagnosis is as follows:

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7. The specific and detailed nature and extent of the disability:

- a) Is the applicant substantially limited in a major life activity?  yes  no  
If yes please state what activities are affected:

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- b) Is the applicant significantly restricted as to the condition, manner, or duration under which he/she can perform the activity as compared to the average person in the general population?  yes  no  
If no, please explain:

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8. The applicant's illness or condition is  permanent  temporary (check one).  
If temporary, the disability will terminate on \_\_\_\_\_.

9. The date of onset of the patient's illness or condition was \_\_\_\_\_

10. I last examined the patient on \_\_\_\_\_

11. Test(s) administered and dates thereof:

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12. Copies of the test results and reports concerning the tests are attached hereto:  yes  no

13. If such copies are not attached, the reason for their absence is:

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**FORM D (PAGE 3 OF 4)**

14. In the case of ADHD:

- a) Did the applicant have a previously documented history of ADHD at the time of your evaluation?  yes  no  
If yes, briefly describe. If no, what objective evidence has been presented for your review that supports a likely history of undiagnosed ADHD (school records, previous psychological tests, teacher or parent comments)?

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- b) Does the applicant exhibit clinically significant impairment across multiple life domains (academic, work, social etc.)?  yes  no If yes, briefly describe:

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15. My treatment of the patient consists of:

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16. As a result of my examination, tests and treatment of the patient I have made the following findings and conclusions:

a) Presenting complaints:

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b) Objective findings:

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**FORM D (PAGE 4 OF 4)**

17. Provide a full description of any nonstandard testing accommodations which are required for the bar exam as a result of the patient's disability:

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18. Provide a full description of the basis for the required nonstandard testing accommodations:

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I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)

By \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Type or Print Name (State License Number)

**FORMS MAY BE PHOTOCOPIED IF NEEDED BY MORE THAN ONE TREATMENT PROFESSIONAL.**