

# FORM 1: APPLICATION FOR NONSTANDARD TEST ACCOMMODATIONS

**NOTICE TO APPLICANT:** This form is part of your request for test accommodations for the bar examination. This form and all other applicable forms and required documentation **must be sent directly to the Board of Bar Examiners and must be received on or before the deadline:**

**April 1** if applying for a July exam

**November 1** (of the previous calendar year) if applying for a February exam

Please answer all questions listed below. If additional space is needed to respond to any item, please attach a separate page.

**DO NOT SUBMIT THIS APPLICATION WITH YOUR PETITION TO SIT FOR THE BAR EXAM.**

(Type or *legibly* print)

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ NCBE #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Law School (s) \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree Awarded: ☐ JD ☐ LL.M. ☐ Other \_\_\_\_\_

Date of examination you intend to take (mm/yyyy): \_\_\_\_\_

Have you previously taken the Massachusetts Bar Exam? ☐ Yes ☐ No  
If yes, did you receive nonstandard test accommodations? ☐ Yes ☐ No

Are you receiving or have you applied for Social Security Disability Benefits? ☐ Yes ☐ No  
(If yes, provide supporting documentation.)

I will ☐ Type ☐ Handwrite ☐ Other (if requesting adaptive technology) \_\_\_\_\_  
my responses to the written portions of the exam.

## I. YOUR DISABILITY STATUS

- What is the nature of the disability or disabilities for which you are requesting accommodations:  
☐ Mental Disability (includes ADHD, Learning Disabilities, Psychiatric Disabilities)  
☐ Visual Impairment  
☐ Physical Disability  
☐ Other (describe) \_\_\_\_\_
- List your age when first diagnosed. \_\_\_\_\_

3. Are you currently being treated? ☐ Yes ☐ No  
If yes, provide the name, qualifications, and telephone number of your treating professional(s).
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4. List any treatment and/or medication currently prescribed for the disability or disabilities identified above for which the side effects contribute to the need for accommodations.

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5. Personal Statement [**Optional**]: You may attach a personal narrative, including your name and your signature, describing how your disability impacts your daily life activities, including your educational and testing functions, and how your disability affects your ability to take the bar examination under standard conditions. This is not required, however it is helpful, particularly for applicants who do not have a substantial history of accommodations.

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## II. HISTORY OF ACCOMMODATIONS

If you were **granted** accommodations, list A) the condition(s) for which accommodations were granted, B) the specific accommodations granted, C) the educational institution/testing agency that granted the accommodations, and D) the date(s) of attendance/examination (if accommodations were only granted for part of your enrollment, e.g., only junior and senior year of undergrad, specify).

If you **did not request** accommodations, explain why you did not request accommodations.

If you were **denied** accommodations, **in whole or in part**, list A) the condition(s) for which accommodations were requested, B) the accommodation(s) requested, C) the educational institution or testing agency, D) the month and year the request was made, and E) the reason given by the entity for the denial.

Note: If your request for accommodations was **granted in part and denied in part**, you should check both "Granted" and "Denied" and provide the explanations requested for each.

**Space for the above explanations is provided on the following page.**

1. Did you apply for accommodations for the **bar examination** taken in another jurisdiction?

☐ Granted ☐ Not requested ☐ Denied ☐ N/A

In which jurisdiction? \_\_\_\_\_

2. Did you apply for accommodations in **law school**?

☐ Granted ☐ Not requested ☐ Denied ☐ N/A

3. Did you apply for accommodations in **college** (undergraduate or graduate studies)?

☐ Granted ☐ Not requested ☐ Denied ☐ N/A

4. Did you apply for accommodations or disabled-student services in **high school**, including but not limited to an Individualized Education Plan (IEP) or a 504 Plan?

☐ Granted ☐ Not requested ☐ Denied ☐ N/A

5. Did you apply for accommodations or disabled-student services in **elementary or middle school**, including but not limited to an IEP or a 504 Plan?

☐ Granted ☐ Not requested ☐ Denied ☐ N/A

6. Did you apply for accommodations for any of the following standardized tests:

MPRE ☐ Granted ☐ Not requested ☐ Denied ☐ N/A

LSAT ☐ Granted ☐ Not requested ☐ Denied ☐ N/A

GRE ☐ Granted ☐ Not requested ☐ Denied ☐ N/A

SAT/ACT ☐ Granted ☐ Not requested ☐ Denied ☐ N/A

Other: \_\_\_\_\_ ☐ Granted ☐ Not requested ☐ Denied ☐ N/A

Other: \_\_\_\_\_ ☐ Granted ☐ Not requested ☐ Denied ☐ N/A

Explain:

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### STANDARD ADMINISTRATION OF THE BAR EXAM

The Massachusetts Bar Examination is a timed, in-person examination administered over two days in four, three-hour sessions, from approximately 9:30a.m. to 12:30p.m. and from approximately 2:00p.m. to 5:00p.m. There are scheduled breaks between each testing session on both testing days. The bar exam is administered twice each year, in February and July.

The first day consists of two performance tests (MPT) in the morning and six essay (MEE) questions in the afternoon. The performance and essay questions are designed to assess, among other things, the applicant's ability to communicate their analysis effectively in writing. Questions are provided in hard-copy booklets, and applicants may handwrite or use their personal laptop computers to record their answers.

The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Questions are provided in hard-copy booklets, and applicants record their answers by completing a scantron form.

Applicants are seated at a space pre-assigned by the Board of Bar Examiners. They are allowed to have water at their testing space. Other items requested require approval as accommodations. The examination is administered in-person. Applicants are required to refrain from speaking and are allowed to use small foam earplugs. They may leave their seat only to use the restroom and must notify the proctor that they are doing so. Applicants are monitored by trained proctors.

### III. ACCOMMODATIONS REQUESTED FOR THE MASSACHUSETTS BAR EXAMINATION

(Check all that apply)

☐ **Alternate Test Format:**

- ☐ Braille
- ☐ Audio USB
- ☐ Electronic test questions (compatible with screen reading software)
- ☐ Use of dictation (speech-to-text) software for MEE and MPT responses
- ☐ MBE Circling (responses transferred to scantron by BBE staff)

☐ Large print/18-point font

☐ Large print/24-point font

☐ Other \_\_\_\_\_

☐ **Extra testing time.** Indicate below how much extra testing time is requested.

Note: For applicants awarded 50% additional time or more, the UBE will be administered over a four-day period, and the order of test portions may differ from the standard exam administration.

Test Portion	Standard Time	Extra Time Requested
		(% extra time per 3 hr. session)
<hr style="border-top: 1px dotted black;"/>		
MPT/Performance Test	3 hours	<input type="checkbox"/> _____% Extra time
		<input type="checkbox"/> Off-The-Clock Breaks
MEE/Essay	3 hours	<input type="checkbox"/> _____% Extra time
		<input type="checkbox"/> Off-The-Clock Breaks
MBE/Multiple-Choice	Two 3-Hour Sessions	<input type="checkbox"/> _____% Extra time
		<input type="checkbox"/> Off-The-Clock Breaks

☐ **Other accommodations.** Describe the arrangements below. If requesting equipment (e.g., lumbar support, standing desk, etc.), please indicate whether you intend to bring your own equipment, or are requesting that the BBE provide this.

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**. This may be a separate attachment or included in your personal statement.

#### IV. APPLICANT CHECKLIST

Review this checklist carefully to ensure your application is complete.

☐ **Application form**

- ☐ Completed and signed **Form 1** (incomplete and/or unsigned applications will be rejected)
- ☐ This completed checklist
- ☐ [Optional] Personal Statement

☐ **Disability Verification Form(s)**

All applicants for accommodations must submit the applicable Disability Verification Form(s), completed by the medical professional(s) treating their disability. At least one of the following is required:

- ☐ **Form 2:** Mental Disability Verification
- ☐ **Form 3:** Visual Disability Verification
- ☐ **Form 4:** Physical Disability Verification

☐ A **Comprehensive Evaluation Report** issued by the medical professional(s) treating the disability must be included with the corroborating medical documentation. Specific information about the expectations of this report can be found in the applicable **Form 2-4**.

☐ **Certification of Accommodations History**

**Form 5** and/or a copy of notification letters provided by each entity from which you previously requested accommodations.

- ☐ 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, ☐ SAT, ☐ ACT, ☐ Others \_\_\_\_\_)
- ☐ Individualized Education Plan (IEP) or 504 Plan

☐ **Academic Transcripts**

Transcripts from undergraduate education, K-12 report cards, etc. are helpful, particularly for accommodation applications on the basis of a developmental disorder, but are not required.

- ☐ Law school transcript(s)\*\*
- ☐ MPRE Score Report (Unofficial score report is acceptable)\*\*
- ☐ LSAC Candidate Item Response Report\*\*
- ☐ [Optional] Undergraduate transcripts(s)
- ☐ [Optional] Elementary, middle, and high school transcripts

\*\*Required regardless of whether accommodations were requested or granted.

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

\_\_\_\_\_  
Signature of individual signing on behalf of applicant

\_\_\_\_\_  
Date signed

## V. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

(Initial)

\_\_\_\_\_ The information I have provided in support of my request for test accommodations is true, accurate, and complete.

\_\_\_\_\_ I understand that if the Board of Bar 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 of Bar Examiners reserves the right to treat such conduct as a character and fitness issue and 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 understand that all necessary forms, documentation, and information must be submitted directly to the Board of Bar Examiners (**NOT submitted as an attachment to my Petition for Admission by Examination**) and **received** by the deadline, that incomplete applications will not be considered, and that my request for test accommodations will not be considered if the deadline is missed.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

\_\_\_\_\_  
Signature of individual signing on behalf of applicant

\_\_\_\_\_  
Date signed

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### HOW TO SUBMIT YOUR COMPLETED ACCOMMODATIONS PACKET:

Accommodations applications should be submitted as one complete packet, not as several piecemeal submissions. It is the applicant's responsibility to ensure your school, doctor, etc. complete the required documents by the deadline. For questions contact [accessibility@bbe.state.ma.us](mailto:accessibility@bbe.state.ma.us).

#### **By mail or hand-delivered\* to:**

John Adams Courthouse  
One Pemberton Square  
Suite 5-140  
Boston, MA 02108

*\*If hand-delivered, bring your packet to security at the front entrance of the courthouse to be left in our mailbox.*

#### **Electronically:**

Email [accessibility@bbe.state.ma.us](mailto:accessibility@bbe.state.ma.us) 1) your full name, 2) your NCBE number, 3) the email address that you wish to have associated with your account (a non-school email address is preferable), and 4) your phone number. You will receive an invitation within 7 business days to register for the Applicant Portal, with instructions for how to securely upload your application.

## VI. APPLICATION AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, authorize the Massachusetts Board of Bar Examiners to  
(Print Name)  
provide at the Board's discretion, a copy of any and all documents which I submit in connection with this Application for Nonstandard Test Accommodations to such persons and/or consultants as the Board may deem necessary to adequately evaluate my request for testing accommodations. I authorize such disclosure.

If further information regarding the documentation that I have provided is needed, I authorize the Board of Bar Examiners 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.

**I authorize the Board to contact those entities which have provided me test accommodations or with whom I have a concurrent application for test accommodations pending for the purposes of ascertaining what accommodations have been or will be granted or 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.**

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.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

\_\_\_\_\_  
Signature of individual signing on behalf of applicant

\_\_\_\_\_  
Date signed