MASSACHUSETTS BOARD OF BAR EXAMINERS FORM 3: VISUAL DISABILITY VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you or someone on your behalf in your presence. The remainder of the form is to be completed by a qualified professional who is recommending accommodations on the Massachusetts Bar Examination for you on the basis of a visual disability. Please 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: | | |
|---|--|--|
| Date(s) of evaluation/treatment: | _ | |
| Applicant's date of birth: | | |
| I give permission to the qualified professional completing this form requested on the form, and I request the release of any additional i or accommodations previously granted that may be requested by the Examiners or consultant(s) of the Massachusetts Board of Bar Examiners. | nformation regarding my disability ne Massachusetts Board of Bar | |
| Signature of applicant: | _Date: | |
| (If signed on behalf of the applicant) Relationship to Applicant | | |
| Signature: | _Date: | |

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Massachusetts Bar Examination. All such requests must be supported by a comprehensive diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Massachusetts Bar Examination on the basis of a visual disability. The Board of Bar Examiners also requires a qualified professional to complete this form – the qualified professional who completes this form does not have to be the same professional who completed the assessment pertaining to the applicant's visual impairment. Reference specific tests or other objective data and clinical observations, and **attach copies of test results**, if relevant.

The Board of Bar Examiners may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Type or legibly print your responses to the items below that pertain to the applicant's visual impairment. Return this completed form and copies of relevant test results to the applicant for submission to the Board.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

| Name of professional completing this for | rm: | | | | |
|--|---|--|--|--|--|
| Address: | | | | | |
| Telephone: | Fax: | | | | |
| Email: | | | | | |
| Occupation and specialty: | | | | | |
| License number/Certification/State: | | | | | |
| Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations. | | | | | |
| · | licant's condition requiring accommodations. Include a of illness, and description of symptom frequency, intensity, | | | | |
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| Please state the applicant's best correcte | ed visual acuities for distance and near vision. | | | | |
| Describe the functional impact, if any, of ability. | the applicant's visual condition on the applicant's reading | | | | |
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| Describe any treatment, including visual aids and prescribed medications. | | |
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| Describe the applicant's current functional limitations in major life activities (as defined by the ADA*), and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions (see Part IV of this form for a description of the standard exam). | | |
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| *DISABILITY - a physical or mental impairment that substantially limits one or more major life activities . MAJOR LIFE ACTIVITIES - include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (Per the <u>ADAAA of 2008</u> .) | | |
| III. DIAGNOSIS-SPECIFIC FINDINGS – ONLY ADDRESS RELEVANT AREAS | | |
| In the space below, please address only items 1-4 that are applicable to the applicant. | | |
| Please describe the applicant's eye health (both external and internal evaluations). Visual Field: threshold field, not confrontation (provide measurements and copies of reports). Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both. Accommodative Skills: at near point, with and without lenses (provide measurements). | | |
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IV. ACCOMMODATIONS RECOMMENDED FOR THE MASSACHUSETTS 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 and medication at their testing space and are provided with foam earplugs. Other items requested require approval as accommodations. The examination is administered in-person. Applicants are required to refrain from speaking. 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.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodations do you recommend?

Indicate below how much extra testing time is recommended.

Note: For applicants awarded 25%, off the clock breaks and 50% additional time, the UBE will be administered in a two-day period. Applicants may request three-day testing for 50% only and may be afforded such based on the applicant's needs and space constraints. For applicants awarded 100% additional time, the UBE will be administered over a four-day period. No other times are allowed in Massachusetts (no 10%, 33% etc.). Finally, off the clock breaks are a standard 30-minutes per testing session; no other alternatives are available.

(Continued on next page)

| Test Portion | Standard Time | Extra Time Requested (% extra time per 3 hr. session) |
|---|---|--|
| MPT/Performance Test | 3 hours | 25% Extra time 50% Extra time in two days 50% Extra time in three days 100% Extra time Off-The-Clock Breaks |
| MEE/Essay | 3 hours | 25% Extra time 50% Extra time in two days 50% Extra time in three days 100% Extra time Off-The-Clock Breaks |
| MBE/Multiple-Choice | Two 3-Hour Sessions | 25% Extra time 50% Extra time in two days 50% Extra time in three days 100% Extra time Off-The-Clock Breaks |
| ☐ Alternate Test Format: | | |
| ☐ Use of dictation (spends of dictation (spends of dictation) (sp | tions (compatible with screer eech-to-text) software for ME onses transferred to scantron 8-point font nt/24-point font | E and MPT responses by BBE staff) |
| Other | | |
| Other accommodations. standing desk, etc.) and expla | | arrangements (e.g., lumbar support, lamp, |

| A) If recommending extra testing time, explain why extra | · |
|---|---|
| you arrived at the specific amount of extra time recomm | |
| B) Address why extra breaks or longer breaks are insuffi functional limitations | cient to accommodate the applicant's |
| C) If either the amount of time or your rationale is differe | nt for different portions of the examination. |
| please explain. | , |
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| V. PROFESSIONAL'S SIGNATURE | |
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| I have attached a copy of the comprehensive eval | - · · · · · · · · · · · · · · · · · · · |
| or reports upon which I relied in making the diagnos | is and completing this form. (REQUIRED) |
| I certify under penalty of perjury that the foregoing is true | e and correct. |
| | |
| | |
| | |
| Signature | Date Signed |
| | |
| Title | Daytime Telephone Number |

Explain each recommendation below.