MASSACHUSETTS BOARD OF BAR EXAMINERS
FORM 4: PHYSICAL DISABILITY VERIFICATION

Applications for testing accommodations based on a physical disability must include this form, completed by a qualified medical professional(s) involved with the treatment of this disability. Applications must also be accompanied by a **comprehensive evaluation report** from a qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination based on a physical disability. The qualified professional who completes this form does not have to be the same professional who completed the evaluation. A doctor's note is insufficient. If multiple diagnoses are given, the evaluator must demonstrate they are qualified to make all diagnoses.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity.

> **Recent or Temporary Physical Disabilities:** For physical disabilities diagnosed within the last five years, and/or disabilities that are expected to be temporary or improve over time, your medical documentation must be no more than one year old. Please note accommodations on the basis of a temporary disability may be granted on a temporary basis; these accommodations will not necessarily carry forward to a future exam.
>
> **Permanent/Long-Term Physical Disabilities:** For permanent physical disabilities diagnosed more than five years ago, provide a copy of your most recent medical examination. This may be older than one year, so long as it establishes that your condition is permanent and not expected to improve over time. You may include prior evaluations to demonstrate changes in symptom severity or to establish a baseline.

The evaluation report must include the following:

- Diagnosis
- Diagnostic Procedure(s) – the specific diagnostic criteria, including the date(s) of the evaluation(s), the diagnostic test(s) performed (if applicable), and a detailed interpretation of the test results; relevant educational, developmental, and medical history.
    - If accommodations are being recommended based on a cognitive problem caused by the disability, psychological testing may be required. The report must establish the specific functional limitations and provide objective test data demonstrating the limitation.
- Functional Limitations – a list of all major life activities affected by the disability, and an explanation of how the impairment substantially limits those major life activities relative to most people. The report must relate the specific functional limitation to one or more aspects of the bar exam (a description of the exam can be found herein).
- Amelioration of Functional Limitations – a description of current treatments, assistive devices, medications, etc. that ameliorate the impact of the disability.
- Recommendation – a specific, data-based recommendation for test accommodations using objective methods to determine the need for the recommended accommodations. The recommendation should include a detailed explanation of why the specific accommodation is needed and how it will reduce the impact of the functional limitations.
- History of Accommodations – if accommodations were not previously provided, the report must include a detailed explanation of why they were not provided, and why they are needed now.

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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 Massachusetts Bar Examination for you on the basis of a physical 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 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 Massachusetts Board of Bar Examiners or consultant(s) of the Massachusetts Board of Bar Examiners.

Signature of applicant: _____ 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 evaluation report from 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 physical 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 evaluation. 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. Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Massachusetts Bar Examination.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Board of Bar Examiners generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many physical disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

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

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

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. _____

_____

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

What is the condition for which the applicant requests test accommodations?

Describe the nature of the physical disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.

When did you first meet with the applicant? _____

When was the applicant's physical disability first diagnosed? _____

Did you make the initial diagnosis? ☐ Yes ☐ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed. _____

_____

Provide the date of your last evaluation of the applicant._____

Is this a permanent condition/impairment? ☐ Yes ☐ No

If no, when is it likely to abate_____

Does the severity of the condition/impairment fluctuate? ☐ Yes ☐ No

If yes, describe the settings and/or circumstances affecting severity that are relevant to taking the bar examination.

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 III** of this form for a description of the standard exam).

Briefly describe any treatment, including any prescribed medications.

*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 ADAAA of 2008.)

III. 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 medications 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.

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

☐ **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 _____

(Continued on next page)

☐ **Extra Testing Time**

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.

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

☐ **Other accommodations**.

Describe the recommended arrangements (e.g., medication, lumbar support, standing desk, etc.).

Explain each recommendation below.

A) If recommending extra testing time, explain why extra testing time is necessary and describe how you arrived at the **specific amount** of extra time recommended.

B) Address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations

C) If either the amount of time or your rationale is different for different portions of the examination, please explain.

IV. 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. (REQUIRED)**

I certify under penalty of perjury that the foregoing is true and correct.

Signature

Date Signed

Title

Daytime Telephone