## FORM 1: APPLICATION FOR NONSTANDARD TEST ACCOMMODATIONS

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

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. For submission instructions, please see page 8.

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

(Type or <i>legibly</i> print)			
Full Name:			
Date of birth:	NCBE #:		
Address:			
City:	_ State:	Zip:	
Phone number:	Email:		
Law School (s)	Dates attended:_		
Degree Awarded:  JD LLM	Other		
Date of examination you intend to take (	(mm/yyyy):		
Have you previously taken the Massach If yes, did you receive nonstanda		☐ Yes ☐ Yes	☐ No ☐ No
Are you receiving or have you applied for (If yes, provide supporting documentation)		Yes	□No
I will Type Handwrite Oth my responses to the written portions of	ner (if requesting adaptive technology) _the exam.		
I. YOUR DISABILITY STATUS			
☐ Visual Impairment ☐ Physical Disability	disabilities for which you are requesting , Learning Disabilities, Psychiatric Disal	•	ations:
2. List your age when first diagnosed			

3. Are you currently being treated?  If yes, provide the name, qualifications, as	nd telephone number	☐ Yes ☐ No of your treating professional(s).
4. List any treatment and/or medication currently above for which the side effects contribute to the	•	•
5. Personal Statement [ <b>Optional</b> ]: You may attagour signature, describing how your disability im educational and testing functions, and how your examination under standard conditions. This is applicants who do not have a substantial history	pacts your daily life ad disability affects your not required; however	ctivities, including your ability to take the bar
II. HISTORY OF ACCOMMODATIONS		
If you were <b>granted</b> accommodations, list A) the granted, B) the specific accommodations granted granted the accommodations, and D) the date(s only granted for part of your enrollment, e.g., only	d, C) the educational i	nstitution/testing agency that nation (if accommodations were
If you did not request accommodations, explain	n why you did not requ	est accommodations.
If you were <b>denied</b> accommodations, <b>in whole or in part</b> , 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 <b>g</b> both "Granted" and "Denied" and provide the explanations is provided.	planations requested f	or each.
Did you apply for accommodations for the <b>bar</b> Granted Not requested In which jurisdiction?	r examination taken in Denied	n another jurisdiction?
2. Did you apply for accommodations in <b>law sch</b> Granted Not requested	nool?	□ N/A
3. Did you apply for accommodations in <b>college</b> ☐ Granted ☐ Not requested	(undergraduate or gra	aduate studies)? N/A
4. Did you apply for accommodations or disabled limited to an Individualized Education Plan (IEP)  Granted Not requested		nigh school, including but not ☐ N/A
5. Did you apply for accommodations or disabled including but not limited to an IEP or a 504 Pland Granted Not requested		elementary or middle school,

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6. Did you apply for ac	ccommodations for ar	ny of the following standard	dized 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:				

#### 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 and medications at their testing space. Other items 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, provided by the BBE. They may leave their seat only to use the restroom and must notify the proctor that they are doing so. Trained proctors monitor the applicants.

III. ACCOMMODATIONS RE (Check all that apply)	QUESTED FOR THE MASS	SACHUSETTS BAR EXAMINATION
☐ Alternate Test Format:		
☐ Use of dictation (sp☐ MBE Circling (respo ☐ Large print/1	etions (compatible with scree eech-to-text) software for ME onses transferred to scantror 8-point font nt/24-point font	EE and MPT responses n by BBE staff)
Extra testing time. Indicate	ate below how much extra te	sting time is requested.
administered in a two-day permay be afforded such based need for three-day testing. For administered over a four-day	riod. Applicants may request on the applicant's needs. Ap or applicants awarded 100% period. No other times are a	and 50% additional time, the UBE will be three-day testing for 50% extra time and oplicants in this scenario must explain the additional time, the UBE will be llowed in Massachusetts (no 10%, 33% tes per testing session; no other alternatives
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	<ul><li> 25% Extra time</li><li> 50% Extra time in two days</li><li> 50% Extra time in three days</li><li> 100% Extra time</li><li> Off-The-Clock Breaks</li></ul>
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

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_	<b>accommodations</b> . Describe the arrangements standing desk, etc.), please indicate whether you	
requestin	g that the BBE provide this.	
it alleviate	accommodation you are requesting, explain why es the impact of your disability or disabilities <b>in tl</b> be a separate attachment or included in your pe	ne context of taking the bar examination.
IV. CERT	TIFICATION THAT INFORMATION SUPPLIED I	S TRUE AND COMPLETE
	The information I have provided in support of true, accurate, and complete.	of my request for test accommodations is
	I understand that nonstandard testing is only cannot request to sit in Springfield should I I	
	I understand that if the Board of Bar Examine behalf, submitted as part of this request any inaccurate, or intentionally misleading, the Examination conduct as a character and fitness examination results, admission to the bar of subsequent good standing as a member of penalties as provided by law.	information or documentation that is false, soard of Bar Examiners reserves the right to s issue and I may jeopardize my
	I understand that all necessary forms, documents of the submitted directly to the Board of Bar Examination of the submitted directly to the Board of Bar Examination of the submitted directly to the Board of Bar Examination of the submitted directly to the Board of Bar Examination of the submitted directly to the Board of Bar Examination of the submitted directly to the Board of Bar Examination of the submitted directly to the Board of Bar Examination of the Board of the Bar Examination of the Bar Examin	iners (NOT submitted as an attachment to n) and received by the deadline, that ed, and that my request for test
	signature unable to sign this form, please have someone	Date signed sign and date in your presence.
Signature	e of individual signing on behalf of applicant	Date signed

# V. APPLICATION AUTHORIZATION AND RELEASE

I,, authorize the Massa	chusetts Board of Bar Examiners to
(Print Name) provide at the Board's discretion, a copy of any and all docume this Application for Nonstandard Test Accommodations to such Board may deem necessary to adequately evaluate my reques authorize such disclosure.	n persons and/or consultants as the
If further information regarding the documentation that I have p Board of Bar Examiners to contact the professional(s) who diag further authorize such professionals to communicate with the E clarification and/or further information and documentation as the	gnosed and/or treated my disability. I Board in this regard to provide such
I authorize the Board to contact those entities which have or with whom I have a concurrent application for test acco purposes of ascertaining what accommodations have been further authorize such entities to communicate with the Bo clarification and/or further information and documentation	ommodations pending for the n or will be granted or denied. I part of this regard to provide such
All documents, records, and information created, received, Examiners in connection with any applicant, petition, or proconstitute public records. Such documents and information sh disclosure, or production under any public records or freedom or	ceeding are confidential and shall not nall not be subject to public inspection,
The Board may, in its discretion, share or disclose any docume Board with other bar admission agencies for purposes related to reciprocal investigations.	-
I hereby release, discharge, and exonerate the Board and/or its whom information may be provided pursuant to this Authorizati liability of every nature and kind arising out of the furnishing or on behalf of the Board.	ion and Release from any and all
Applicant signature D	Pate signed
If you are unable to sign this form, please have someone sign a	and date in your presence.
Signature of individual signing on behalf of applicant D	Pate signed

# **VI. APPLICANT CHECKLIST**

Review this checklist carefully to ensure your application is complete.
☐ Application form
Completed and signed <b>Form 1</b> (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)**
LSAT Score**
[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 <u>all</u> 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

#### 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.

## 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 <u>accessibility@bbe.state.ma.us</u> 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.