

# MASSACHUSETTS BOARD OF BAR EXAMINERS

## FORM 6: PHYSICAL DISABILITY VERIFICATION

**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 test 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 the qualified professional to complete this form. **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. We appreciate your assistance.

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. Print or type 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.**

**I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

Name of professional completing this form: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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 RESULTING FUNCTIONAL LIMITATIONS**

1. What is the specific diagnosis (including diagnosis code) for which the applicant requests test accommodations?

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

2. 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.

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

3. When did you first meet with the applicant? \_\_\_\_\_

4. 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.

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

5. Provide the date of your last complete evaluation of the applicant. \_\_\_\_\_

6. Is this a permanent condition/impairment?  Yes  No  
If no, when is it likely to abate?

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

7. 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.

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

8. Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the bar examination.

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

9. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

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### **III. ACCOMMODATIONS RECOMMENDED FOR THE MASSACHUSETTS BAR EXAMINATION (CHECK ALL THAT APPLY)**

The Massachusetts Bar Examination is a timed written examination administered in three-hour sessions from 9:30 a.m. to 12:30 p.m. and from 2:00 p.m. to 5:00 p.m. on Wednesday and Thursday as scheduled twice each year. There is a lunch break each day.

The first day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

The second day consists of five essay questions in the morning session and five essay questions in the afternoon session. The essay questions are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers.

Applicants are assigned seats, two per six-foot table, in a room set for 200 to 1500 applicants. They are not allowed to bring food, beverages other than water, or other items into the testing room unless approved as accommodations. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They may leave the room only to use the restroom or drinking fountain, within the time allotted for the test session.

**Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?**

Test question formats:

- Braille
- Audio Version
- Microsoft Word document on data CD for use with screen-reading software (for essay sessions)
- Large print/18-point font
- Large print/24-point font

Assistance:

- Reader
- Typist/Transcriber for essay portion
- Scribe for MBE

Explain your recommendation(s). \_\_\_\_\_

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Extra testing time. Indicate below how much extra testing time is recommended:

<b>Test Portion</b>	<b>Standard Time Per Session</b>	<b>Extra Time Recommended</b> (i.e. 30 extra minutes, one extra hour (60), time and a half (90))
MBE/Multiple-Choice	3 hours AM	<input type="checkbox"/> 30 <input type="checkbox"/> 60
	3 hours PM	<input type="checkbox"/> 90 <input type="checkbox"/> Other (specify) _____
Essay	3 hours AM	<input type="checkbox"/> 30 <input type="checkbox"/> 60
	3 hours PM	<input type="checkbox"/> 90 <input type="checkbox"/> Other (specify) _____

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

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Other arrangements (e.g., lamp, lumbar support, magnifying items, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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**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.**

I certify that the information on this form is true and correct based upon the information in my records.

\_\_\_\_\_  
Signature of person completing this form

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number