FORM I

BAR APPLICANT TESTING ACCOMMODATIONS QUESTIONNAIRE

NOTE: This form is part of the Application for Admission to the Alaska Bar Association. It must be complete and accurate. Return the forms with your Application for Admission.

(Form must be typed. Attach additional sheets as necessary.)

BACKGROUND INFORMATION

Applicant Name: _____ Exam Date: _____

Address: _____

_____

E-mail: _____ Contact Phone: _____

NATURE OF YOUR DISABILITY (Check all that apply)

1. ☐ Blind
   ☐ Visually impaired
   ☐ Hearing impaired
   ☐ Psychological disability
   ☐ Specific learning disability
   ☐ Other

2. Please give a detailed narrative description of the nature and extent of your disability.

3. Describe the functional limitations related to your disability that directly affect your ability to take the examination.

4. When did you first acquire the disability (approximate date and age)? _____

5. When was the disability first diagnosed by a treating professional (date and age)? _____

   By whom?

   Name: _____ Degree: _____

   Address: _____

6. What treatment is currently prescribed?

PAST ACCOMMODATIONS GRANTED FOR DISABILITY DESCRIBED

7. Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in **elementary school?**
   If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

8. Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in **high school?**
   If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

9. Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in **college?**
   If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

10. Were you granted testing accommodations in **law school?**
    If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

11. Were you granted testing accommodations for taking the **LSAT examination?**
    If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

12. Were you granted testing accommodations for taking the **MPRE examination?**
    If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

13. Have you previously been granted testing accommodations for any **other bar exam or other professional licensing exam?**
    If yes, please describe the type of accommodations received:

Yes ☐ No ☐
☐ Private Room
☐ Add'l Time
☐ Other

If you answered "yes" to any of the above questions, please attach any records or other documentation concerning the diagnosis and the accommodations granted. Medical records or documentation of long-standing accommodations are particularly important.

14. Have you ever had a request for special accommodations denied? Yes ☐ No ☐
    If yes, explain the reasons for the denial.

REQUESTED ACCOMMODATIONS

15. Please check below the accommodation(s) that you believe are necessary for you to take the Alaska Bar Examination.

Accommodations requested			
Rest time during exam sessions	☐	20 pt. large print exam materials	☐
Use of sign language interpreter	☐		
Separate testing area	☐	Other	☐

16. If requesting special equipment or personal items in the test room, (e.g., medications, special chair, special lighting), please describe:

ADDITIONAL TEST TIME

17. If you are seeking additional test time, you must specify the amount of additional time requested for each 3-hour session.

Session	Additional Time Requested
Morning Session	
Afternoon Session	

18. Explain the justification for the amount of additional time requested.

APPLICANT'S SIGNATURE

I certify under penalty of perjury that all the information on this form is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a physician or qualified professional retained by the Alaska Bar Association Board of Governors to assist in determining testing accommodations.

Any intentional false statements can be prosecuted as an unsworn falsification.

Signature

Date

NOTE: This accommodation request must be supported by medical documentation provided by a physician or a licensed professional in the field related to the applicant's claimed disability.
FORM 2 must be completed by your physician or licensed professional in the field related to the applicant's claimed disability.

This form must be sent by the licensed professional directly to the
Alaska Bar Association • PO Box 100279 • Anchorage, AK 99510-0279

FORM 2

MEDICAL DECLARATION VERIFICATION FORM

This form to be filled out by a physician or licensed professional in the field related to the applicant's claimed disability. Please type or print legibly.

Applicant Name: _____

PHYSICIAN OR LICENSED PROFESSIONAL

Name: _____

Title: _____

Address: _____

_____

Phone: _____

E-mail: _____

1. Briefly describe the applicant's diagnosis:

2. Date of last examination: _____

3. Describe frequency of contact and length of treatment.

4. As a result of my examination and treatment of the applicant, I have made the following findings and conclusions:

a) Subjective complaints:

b) Objective findings:

c) Diagnosis:

5. Treatment consists of:

Medications:

Other therapies:

6. Is the applicant's condition permanent? ○ Yes ○ No

If not permanent, when is it likely to abate? _____

***In answering the following quesitons please assume the applicant is complying with any prescribed treatment.**

7(a) Does the applicant's condition affect the applicant's ability to read or write by affecting the ability to concentrate for extended periods of time? If so, explain.

7(b) Does the applicant's condition affect the speed by which the applicant is able to answer multiple choice or essay questions? If so, explain.

The Alaska Bar Association Examination is a 2½ day examination. Because this is a timed examination, the standard testing time for all sessions is 3 hours. Day one consists of 3 essay questions in the morning session and 2 essay questions in the afternoon session. Day two consists of a 200 question multiple choice examination answered in pencil on a computer-graded grid sheet. 100 questions are answered in the morning session, and 100 questions are answered in the afternoon session. The last half day consists of 6 essay questions.

8. Please explain if the applicant's condition affects the applicant's ability to take the Alaska Bar Exam in ways other than as described in answering question 7.

9. Based on the applicant's condition and your assessment, what testing accommodations would you recommend? (Check all that would apply)

- ☐ Rest time during exam sessions
- ☐ Braille version of exam
- ☐ Use of sign language interpreter
- ☐ Magnifying glass
- ☐ Separate testing area
- ☐ Large print exam materials
- ☐ Other (please specify)

☐ Additional testing time — Please specify:_____ per session. If a specific amount of addtional testing time is NOT indicated, the petition cannot be processed.

10. Please describe your credential(s) allowing you to verify this applicant's disability.

I certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a physician or qualified professional retained by the Alaska Bar Association Board of Governors to assist in determining testing accommodations.

_____ Signature

_____ Date

FORM 3

LAW SCHOOL STATEMENT
REGARDING TESTING ACCOMMODATIONS GRANTED

Applicant Name

Law School

LAW SCHOOL TESTING

The applicant, who was in attendance at this law school, was given authorization to receive the following special accommodations during the administration of exams at this school, as specified below. (Include semesters/years accommodation was granted)

Name

Signature

Title

Date

FORM 4

BAR EXAM STATEMENT
REGARDING TESTING ACCOMMODATIONS GRANTED

Applicant Name

Jurisdiction

BAR JURISDICTION

The applicant, who sat for the _____ bar examination of this jurisdiction, was authorized to receive special
month/year
testing accommodations during this examination as outlined below.

Name

Signature

Title

Date