

Applicant Request for Testing Accommodations

Notice to Applicant: This form is part of your request for testing accommodations on the Minnesota Bar Examination which is held in the Twin Cities metropolitan area. This form and all other applicable forms and required documentation must be filed at the same time as your application for admission to the Bar of the State of Minnesota. If your materials are incomplete or not timely submitted, the Board office may advise you that there is insufficient information to make a determination.

Applicant's Full Name:

First

Middle

Last

Date of Birth:

mm/dd/yyyy

REPEAT APPLICANTS: YOU MUST COMPLETE THE ACCOMMODATIONS FORMS UNLESS YOU MEET ALL OF THE CRITERIA BELOW:

- 1) You have taken the Minnesota bar exam within the last two years;
- 2) You were granted accommodations on the most recent exam you sat for with the Minnesota Board of Law Examiners;
- 3) You are requesting the same accommodations that you were previously granted;
- 4) The accommodation was based on an unchanging condition; and
- 5) There has been no material improvement in your condition since you sat for the examination.

Do you certify that you meet ALL of the above criteria? If so, you do not need to complete any additional information regarding your request for accommodations. ☐ Yes ☐ No

I. Your Disability Status

1. Nature of your disability or disabilities – check all that apply:

☐ Learning Disability☐ Visual Impairment☐ Psychological Disability☐ ADHD☐ Hearing Impairment☐ Physical Disability☐ Other: (Please Describe)

2. Describe your disability:

3. Your age and year when first diagnosed: _____
(Approximate date and age)

4. List the functional limitations related to your disability that directly affect your ability to take the bar examination:

5. If you are being treated for your disability, please indicate the name of your treating provider who will be completing the disability verification form, whether there is any treatment and/or medication currently prescribed for the disability or disabilities identified above, and to what extent the treatment and/or medication is helpful. If you are not being treated for your disability, please respond with, "None."

6. Is there any additional relevant information that you would like the Minnesota Board of Law Examiners to know about your disability and need for accommodations? You may attach a personal narrative. Optional personal narratives are intended to offer additional information from your perspective and may include details, such as: onset of disability, impact of the disability in prior settings, functional limitations specific to the conditions of the bar examination; use of coping strategies; accommodations utilized in prior settings; an explanation as to why requested accommodations have not been used in prior settings; and/or additional information relevant to the requested accommodations.

II. History of Accommodations

For questions 1 through 5 below, please follow these instructions:

If you were granted accommodations, check "Yes." List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the date or period of time the accommodations were granted.

If you did not request accommodations, check "Not requested." Explain why you did not request accommodations.

If you were denied accommodations, in whole or in part, check "Denied." List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, and the reason given by the entity for the denial. Note: if your request for accommodations was granted in part and denied in part, you should check both "Yes" and "Denied."

If you did not attend the type of school or take that exam, check "N/A."

1. Did you receive accommodations for the bar examination taken in another jurisdiction(s)?

☐ Yes☐ Not Requested☐ Denied☐ N/A

Name of bar examination authority (authorities):

Describe:

2. **Did you receive accommodations for the Multi-State Professional Responsibility Examination (MPRE)?**

☐ Yes☐ Not Requested☐ Denied☐ N/A

Describe:

3. **Did you receive accommodations in law school?**

☐ Yes☐ Not Requested☐ Denied☐ N/A

Name of Law School:

Describe:

4. **Did you receive accommodations in college (undergraduate or graduate studies)?**

☐ Yes☐ Not Requested☐ Denied☐ N/A

Educational Institution:

Describe:

5. **Did you receive accommodations for any of the following standardized tests?**

If yes, describe the accommodation received for each:

☐ **LSAT** ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

☐ **MCAT** ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

☐ **GRE** ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

☐ **GMAT** ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

☐ **SAT** ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

☐ **ACT** ☐ Yes ☐ Not Requested ☐ Denied ☐ N/A

6. Did you receive accommodations or services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?

☐ Yes ☐ Not Requested
☐ Denied ☐ N/A

Educational Institution:

Describe:

7. Did you receive accommodations or services in elementary or middle school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?

☐ Yes ☐ Not Requested
☐ Denied ☐ N/A

Educational Institution:

Describe:

III. Accommodations Requested for the Minnesota Bar Examination (Check all that apply)

Test Question Formats:

- ☐ Braille ☐ Audio USB
☐ Large Print: **18-point** Font ☐ Large Print: **24-point** Font
☐ Microsoft USB for use with screen-reading software (MPT/MEE only)

Assistance:

- ☐ Reader
☐ Typist/Transcriber for MPT/MEE
☐ Scribe for MBE
☐ Other (Explain):

- ☐ **Extra Testing Time:** Standard testing time for each session is three hours. Examinations are administered over the course of two days to those granted as much as 50% extra time. Specify the amount of extra testing time requested for each session:

Test Portion	Extra Time Requested
Multistate Performance Test and Multistate Essay Exam	<input type="checkbox"/> 25%
	<input type="checkbox"/> 50%
	<input type="checkbox"/> Other Specify:

Test Portion	Extra Time Requested
Multistate Bar Exam (Multiple-Choice)	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> Other Specify:

☐**Extra Breaks:**

Describe the duration and frequency of the requested breaks, including whether the breaks requested are scheduled or as needed, and why needed:

☐**Other Arrangements:**

(e.g., elevated table, limited testing time per day, lamp, medication, etc.).

Describe the arrangements:

For each accommodation you are requesting, explain why the accommodation is necessary to alleviate the impact of your disability or disabilities in taking the Minnesota bar examination:

IV. Supporting Documentation

Below is a detailed description of the documentation you are asked to provide in support of your request for accommodations. If you have questions regarding documentation, contact the Minnesota Board of Law Examiners office at nta@mbcle.state.mn.us.

For a detailed explanation of the supporting documentation you should submit, review the General Instructions for Requesting Testing Accommodations.

Medical Documentation

Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for testing accommodations, including a comprehensive evaluation providing the rationale for the testing accommodations sought. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

Verification of Accommodations History

Provide verifying documentation of your accommodations history, if any. Submit a [Form 7: Certification of Accommodations History](#) completed by each educational institution or testing agency (hereinafter "entity") from which you requested accommodations in the past, whether granted or denied. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied.

The proof should identify the time frame (e.g., third year of law school) and the nature of the disability (e.g., ADHD) for which any accommodations were granted or denied. If you received accommodations as a result of an IEP or a 504 Plan, please provide copies of all IEPs or 504 Plans.

Academic Transcripts

If the nature of your disability is ADHD or a learning disability, attach copies of your undergraduate and law school transcripts and your LSAC score report. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the Minnesota Board of Law Examiners in some cases. In addition, score reports from the MPRE, ACT, SAT, or other standardized tests are often helpful to the evaluator.

V. Applicant Checklist

This checklist is to help you make sure you have completed all steps. Check mark the appropriate box to indicate the documents you are submitting to request accommodations on the Minnesota bar examination. Submit this completed checklist with your request.

Review carefully the [General Instructions for Requesting Test Accommodations](#), particularly the section **STEPS FOR SUBMITTING A COMPLETE REQUEST**.

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1. **The applicable disability verification form must be attached with relevant supporting documentation, including a comprehensive evaluation report (if applicable):**

- ☐ **Disability Verification Form:** Attach comprehensive evaluation report and all relevant records and test results.
- ☐ **Reason why above was not included:** _____

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2. **[Form 7](#): Certification of Accommodations History must be completed by each entity (school or testing agency) from which you previously requested accommodations or copies of notification letters. Check each that is attached:**

- ☐ **Not applicable** (you have never requested accommodations before)
- ☐ **Bar examining agency in another jurisdiction(s)**
- ☐ **MPRE**
- ☐ **Law school**
- ☐ **Undergraduate or graduate studies**
- ☐ **Standardized tests** (LSAT, MCAT, GRE, GMAT, SAT, ACT)
- ☐ **Individualized educational plan** (IEP or 504 Plan)
- ☐ **High school** (other than IEP or 504 Plan)
- ☐ **Elementary or middle school** (other than IEP or 504 Plan)

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3. **Academic Transcripts:**

- ☐ **Law school transcript(s)**
- ☐ **LSAC score report** (see General Instructions' page 6 for how to obtain)
- ☐ **Undergraduate transcripts(s)**
- ☐ **Other transcripts**
- ☐ **Other score reports**

VI. Certification that Information Supplied is True and Complete

Please **INITIAL** on the line provided below.

This request for accommodations is a part of my application for admission to the bar. The information I have provided in support of my request for testing accommodations is TRUE and COMPLETE.

Initial

I understand that if the MBLE determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the MBLE reserves the right to treat such conduct as a character and fitness issue.

Initial

I understand that both my request for testing accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the MBLE, and I authorize such disclosure.

Initial

I understand that all necessary documentation and information must be provided to the MBLE by the deadline and that my request for testing accommodations may not be considered if the deadline is missed.

Initial

Applicant's 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: _____