



**RHODE ISLAND BOARD OF BAR EXAMINERS
RHODE ISLAND SUPREME COURT**

CLERK'S OFFICE

Licht Judicial Complex
250 Benefit Street
Providence, Rhode Island 02903
Phone: (401) 222-3272
Fax: (401) 222-3599

**GENERAL INSTRUCTIONS FOR REQUESTING
TEST ACCOMMODATIONS**

The Rhode Island Board of Bar Examiners (BBE) encourages persons with disabilities to apply for test accommodations. Reasonable test accommodations will be made on the Rhode Island Bar Examination for qualified applicants with disabilities. The Rhode Island Bar Examination is a 2 (two)-day timed examination designed to test the knowledge and skills necessary for one who seeks admission to the Rhode Island Bar.

It is the policy of the BBE to administer the bar examination and all other services of this office in accordance with the Americans with Disabilities Act, as amended (ADA). A qualified applicant with a disability who is otherwise eligible to take the bar examination, but who cannot demonstrate under standard testing conditions that he/she possesses the knowledge and skills to be admitted to the Rhode Island Bar, may request reasonable test accommodations.

The BBE will make reasonable modifications to any policies, practices, and procedures that might otherwise prevent individuals with disabilities from taking the bar examination in an accessible place or manner, provided such modifications do not result in a fundamental alteration to the examination or other admission requirements, impose an undue burden, or jeopardize examination security. In order to accommodate disabled persons, the BBE may furnish additional testing time, auxiliary aids, and other accommodations when necessary to ameliorate the impact of the applicant's disability on the applicant's ability to take the bar examination. No additional charges will be assessed to individuals with disabilities to cover the costs of reasonable accommodations.

Requests for test accommodations will be evaluated on a case-by-case basis. The applicant must submit documentation from one or more qualified professionals that provides information on the diagnosed impairment(s), the applicant's current level of impairment, and the rationale for the accommodations requested on the bar examination. In addition, the applicant must submit verifying documentation of his or her history of accommodations, if any. All documentation will be retained by the BBE and may be submitted to one or more qualified professionals for an impartial review. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the bar examination, although the BBE gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an IEP or Section 504 plan.

DEFINITIONS

1. *Disability* is a physical or mental impairment that substantially limits one or more of the major life activities of the applicant. In the bar examination setting, the impairment must limit an applicant's ability to demonstrate, under standard testing conditions, that the applicant possesses the knowledge, skills, and abilities tested on the bar examination.

2. *Physical impairment* is a physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body's systems.
3. *Mental impairment* is any mental or psychological disorder such as intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness, or any specific learning disability.
4. *Major life activities* include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
5. *Reasonable accommodation* is an adjustment or modification of the standard testing conditions, or an appropriate auxiliary aid or service, that ameliorates the impact of the applicant's disability without doing any of the following:
 - a. fundamentally altering the nature of the bar examination, including but not limited to compromising the validity or reliability of the examination; or
 - b. imposing an undue burden on the BBE; or
 - c. jeopardizing examination security.
6. *Qualified professional* is a licensed physician, psychiatrist, psychologist, or other health care provider who has appropriate training in the field related to the applicant's disability.

FILING DEADLINE

Requests for accommodations will be considered after receipt of all required information. The Applicant Checklist, located in Section V of Form 1: Applicant Request for Test Accommodations must be submitted with the application. The applicable items specified in the Applicant Checklist must be completed and received by the BBE on or before the filing deadline of the exam the applicant wishes to take.

Applicants with disabilities are subject to the same application deadline as individuals without disabilities. Because some of the accommodation request forms require input from third parties, the appropriate individuals should be asked to complete the forms well in advance of the deadline.

A timely request for test accommodations for the February administration of the Rhode Island Bar Examination must be received not later than December 1.

A timely request for test accommodations for the July administration of the Rhode Island Bar Examination must be received not later than May 1.

There is no provision for late filing.

Requests for test accommodations and supporting documentation may be submitted to the Bar Administrator at 250 Benefit Street, Providence, RI 02903.

RETAKE APPLICANTS

Applicants who retake the examination must submit Form 1: Applicant Request for Test Accommodations each time they apply for the bar examination, even if they previously requested and were granted accommodations by the BBE. It is not necessary to resubmit supporting documentation that was submitted with a previous request, provided the applicant sat for the Rhode Island Bar Examination

within the preceding year and (1) is requesting the same accommodations that were received previously on the Rhode Island Bar Examination and (2) has had no material changes in his/her condition. New supporting documentation is required if there is any change in the accommodations requested. An update to prior medical documentation is required assessing the applicant's *current* functional limitations and ongoing need for accommodations if the nature of the applicant's disability or disabilities is changeable. The BBE reserves the right to request an update to prior documentation in all cases if it determines that the prior documentation is insufficient to establish the applicant's current level of impairment and need for accommodations.

STEPS FOR SUBMITTING A COMPLETE REQUEST

This application packet contains seven separate forms, but you need only submit those forms and documents that pertain to your particular disability. Please carefully review the information below to ensure that you submit a complete request. A checklist is provided in Section V of Form 1: Applicant Request for Test Accommodations, which you should complete and submit with your request. All required forms and documentation must be submitted together by the deadline.

IMPORTANT NOTE: Some of the forms that must be submitted with your request must be completed by third parties and returned to you for submission to the BBE. Make certain that you request completion of these forms by the third parties in a timely manner so that you are able to submit your request by the deadline. There are 5 (five) categories of forms based on the nature of the disability. **Complete only those sections that pertain to the accommodation you are requesting.**

STEP 1: Have a qualified professional complete the applicable disability verification form and return it to you for submission to the BBE. There are separate forms for learning disabilities, AD/HD, psychological disabilities, visual disabilities, and physical disabilities. You will need to complete the top portion of the applicable disability verification form and request that your qualified professional complete the rest of the form and return it to you. Your qualified professional should attach to the completed disability verification form a comprehensive evaluation report and/or relevant records, as specified in the form.

STEP 2: Gather verifying documentation of your history of accommodations requests, 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, whether your request was granted or denied. Complete the top portion of the form and request that the entity complete the rest of the form and return it to you for submission to the BBE. 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., date and/or year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, please provide copies of all IEPs or 504 Plans.

STEP 3: If the nature of your disability is AD/HD or a learning disability, provide transcripts. Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Photocopies of transcripts are acceptable for this purpose. You can obtain your LSAC Academic Summary Report by logging in to your LSAC account at www.lsac.org. Click on "Transcripts," then click on "Academic Summary Report," and print the report. If you have trouble obtaining the report, contact an LSAC representative at 215-968-1001.

Learning disabilities and AD/HD are developmental disorders with childhood onset, even if not diagnosed until adulthood. Transcripts or report cards of your elementary, middle school, and high school education, while not required, are useful in providing evidence of symptoms and impairment present during childhood. The BBE reserves the right to request such academic records in particular cases.

STEP 4: Complete and sign Form 1: Applicant Request for Test Accommodations. Attach all relevant forms and documents, as indicated above, so that all required documentation is provided in one submission.



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FORM 1: APPLICANT REQUEST FOR TEST ACCOMMODATIONS

NOTICE TO APPLICANT: This form is part of your request for test accommodations on the bar examination. This form and all other applicable forms and required documentation must be filed at the same time as your application for admission. If additional space is needed to respond to any item, please attach a separate page.

Full name: _____

Date of birth: _____ [SSN]: _____

I. YOUR DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations.

☐ Learning disability

☐ Visual impairment

☐ AD/HD

☐ Hearing impairment

☐ Physical disability

☐ Psychological disability

☐ Other (describe) _____

2. List your age when first diagnosed. _____

3. Are you currently being treated? ☐ Yes ☐ No

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

4. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

5. Is the treatment or medication effective in controlling symptoms? ☐ Yes ☐ No ☐ N/A
If no, describe remaining symptoms and any side effects.

6. **[Optional]** If there is anything else you would like the BBE to know about your disability and need for accommodations; you may attach a personal narrative.

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 time frame.

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?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

2. Did you receive accommodations for the Multistate Professional Responsibility Examination (MPRE)?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

3. Did you receive accommodations in law school?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

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

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

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

LSAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
MCAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
GRE	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
GMAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
SAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
ACT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A

6. Did you receive accommodations or disabled-student 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

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

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

III. ACCOMMODATIONS REQUESTED FOR THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY)

Test question formats:

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

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber for MEE/MPT
- ☐ Scribe for MBE

☐ Extra testing time. Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Extra Time Recommended
Rhode Island Local Essay Questions	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MPT/Performance	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____

☐ Extra breaks. Describe the duration and frequency of the requested breaks.

☐ 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 and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination.

IV. SUPPORTING DOCUMENTATION

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed Form 1: Applicant Request for Test Accommodations. **Review the General Instructions for Requesting Test Accommodations for a detailed explanation of the supporting documentation you should submit.**

Failure to submit the required supporting documentation may result in the Board of Bar Examiners being unable to grant your accommodation request(s).

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 test accommodations. 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., date/year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, list the years and please provide the most recent copy of IEP or 504 Plan. The BBE reserves the right to request additional information.

Academic Transcripts

Attach copies of your undergraduate and law school transcripts and your LSAC Academic Summary Report. Transcripts or report cards from elementary, middle, junior high, and high school, while not required, are helpful and may be requested by the BBE in some cases.

V. APPLICANT CHECKLIST

Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting to request accommodations for the Rhode Island 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.”**

1. The applicable disability verification form with comprehensive evaluation report and/or relevant records attached

____ Form 2: Learning Disability Verification

____ Form 3: Attention Deficit/Hyperactivity Disorder Verification

____ Form 4: Psychological Disability Verification

____ Form 5: Visual Disability Verification

____ Form 6: Physical Disability Verification

2. A Form 7: Certification of Accommodations History completed by each entity from which you previously requested accommodations and/or a copy of notification letters

____ 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, MCAT, GRE, GMAT, SAT, ACT)

____ Individualized Education Plan (IEP) or 504 Plan

____ High school (other than IEP or 504 Plan)

____ Elementary or middle school (other than IEP or 504 Plan)

3. Academic Transcripts (if applicable)

____ Not applicable (if you do not have a learning disability or AD/HD)

____ Law school transcript(s)

____ LSAC Academic Summary Report

____ Undergraduate transcripts(s)

____ [Optional] Elementary, middle, and high school transcripts

4. Application form

____ Completed and signed Form 1: Applicant Request for Test Accommodations

____ [**Optional**] Personal narrative

____ This completed checklist

I have completed and attached all the 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

VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

____Initial The information I have provided in support of my request for test accommodations is true and complete.

____Initial I understand that if the BBE 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 BBE reserves the right to [withhold or void my bar examination scores] [treat such conduct as a character and fitness issue] [or both].

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

____Initial I understand that all necessary documentation and information must be provided to the BBE by the deadline and that my request for test accommodations will not be considered if the deadline is missed.

The Rhode Island Board of Bar Examiners reserves the right to make a final determination concerning testing accommodations and may have this information reviewed by a medical professional, psychologist, or learning disability professional to follow up or ask questions of the treating physician.

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



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FORM 2: LEARNING 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 accommodations on the bar examination for you on the basis of a learning disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. You can withhold your consent if you wish, but if it is refused, the Board of Bar Examiners may have to make decisions without the benefit of verified information from your treating physician(s). Please make your choice by signing either Option 1 or Option 2.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

OPTION 1: 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 BEE or consultant(s) of the BEE.

Signature of applicant

Date

OPTION 2: I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Rhode Island Bar Examination. All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a learning disability. The BBE 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Rhode Island Bar Examination. We appreciate your assistance.

The BBE 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 and test results to the applicant for submission to the BBE.**

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 CURRENT FUNCTIONAL LIMITATIONS

1. Provide the date the applicant was first diagnosed with a learning disability. _____

2. 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.

3. When did you first meet with the applicant? _____
4. Provide the date of your last complete evaluation of the applicant. _____
5. Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities.

7. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? ☐ Yes ☐ No
8. Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

ATTACH A COMPREHENSIVE EVALUATION REPORT

An applicant's specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a learning disability normally is life long, the severity and manifestations can change. The BBE generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. **Attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making**

the diagnosis and recommending accommodations for the Rhode Island Bar Examination. The evaluation report should include the following:

- A. an account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
- B. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores and percentiles);
- C. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;
- D. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- E. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

III. FORMAL TESTING

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

- Scholastic Abilities Test for Adults (SATA)

Please note: The Wide Range Achievement Test: Third Edition (WRAT-3), the Peabody Individual Achievement Test (PIAT, PIAT-R), and the Nelson Denny Reading Test are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index, and/or cluster scores on the WAIS III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A), as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

IV. ACCOMMODATIONS RECOMMENDED FOR THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY)

The Rhode Island Bar Examination is a timed written examination administered on the last Tuesday and Wednesday in February and July each year. There is a one hour lunch break each day.

The first day consists of 3 (three) Rhode Island local essay questions, 1 (one) Multi-State Performance Test (MPT) question in the morning session and 6 (six) essay questions (Multi-State Essay Examination) in the afternoon session. The MEE and MPT 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.

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. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, 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 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 CD
- ☐ Microsoft Word document on data CD for use with screen-reading software (for MEE and MPT sessions)
- ☐ Large print/18-point font
- ☐ Large print/24-point font

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber for MEE/MPT
- ☐ Scribe for MBE

Explain your recommendation(s). _____

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

Test Portion	Standard Time	Extra Time Recommended
Rhode Island Local Essay Questions	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MPT/Performance	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <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.

- ☐ Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- ☐ Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

V. 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



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FORM 3: ATTENTION DEFICIT/HYPERACTIVITY DISORDER 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 accommodations on the bar examination for you on the basis of AD/HD. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. You can withhold your consent if you wish, but if it is refused, the Board of Bar Examiners may have to make decisions without the benefit of verified information from your treating physician(s). Please make your choice by signing either Option 1 or Option 2.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

OPTION 1: 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 BEE or consultant(s) of the BEE.

Signature of applicant

Date

OPTION 2: I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Rhode Island Bar Examination. All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of AD/HD. The BBE 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Rhode Island Bar Examination. We appreciate your assistance. The BBE 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 and test results to the applicant for submission to the BBE.**

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. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date the applicant was first diagnosed with AD/HD. _____

2. 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.

3. When did you first meet with the applicant? _____
4. Provide the date of your last complete evaluation of the applicant. _____
5. Describe the applicant's **current** symptoms of AD/HD that cause significant impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.
- _____
- _____
- _____
- _____
6. Describe the applicant's symptoms of AD/HD that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.
- _____
- _____
- _____
- _____

ATTACH A COMPREHENSIVE EVALUATION REPORT.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The BBE generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV-TR) (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally insufficient to establish evidence for the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

- A. Sufficient numbers of symptoms (delineated in DSM-IV-TR) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is "maladaptive" and inconsistent with developmental level. The exact symptoms should be described in detail.
- B. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.

- C. Objective evidence indicating that current impairment from the symptoms is observable in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
- D. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).
- E. Indication of the specific AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

III. FORMAL TESTING

Psychological testing and self-report checklists cannot be used as the sole indicator of AD/HD diagnosis independent of history and interview. However, such findings can augment clinical data. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.).

1. Is there evidence from empirically validated rating scales completed by more than one source that levels of AD/HD symptoms fall in the abnormal range? ☐ Yes ☐ No

If yes, please provide copies.

2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by AD/HD symptoms? ☐ Yes ☐ No

If yes, briefly describe the findings.

3. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems? ☐ Yes ☐ No

If yes, briefly describe the findings.

4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) or test anxiety as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems? ☐ Yes ☐ No

If yes, briefly describe the findings.

5. Was testing performed to assess the possibility that a lack of motivation or effort affected test results? ☐ Yes ☐ No

Describe the findings, including the results of symptom validity tests.

IV. AD/HD TREATMENT

Is the applicant currently being treated for AD/HD? ☐ Yes ☐ No

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the AD/HD symptoms. If it is effective, explain why accommodations are necessary.

If no, explain why treatment is not being pursued.

V. ACCOMMODATIONS RECOMMENDED FOR THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY)

The Rhode Island Bar Examination is a timed written examination on the last Tuesday and Wednesday of February and July each year. There is a one hour lunch break each day.

The first day consists of 3 (three) Rhode Island essay questions and 1 (one) Multi-State Performance test (Multi-State Performance Test) in the morning session and six essay questions (Multi-State Essay Examination) questions in the afternoon session. The MEE and MPT 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.

The second day consists of 200 multiple-choice questions Multi-State Bar Examination (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.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, 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, 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 CD
- ☐ Microsoft Word document on data CD for use with screen-reading software (for MEE and MPT sessions)
- ☐ Large print/18-point font
- ☐ Large print/24-point font

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber for MEE/MPT
- ☐ Scribe for MBE

Explain your recommendation(s)._____

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

Test Portion	Standard Time	Extra Time Recommended
Rhode Island Local Essay Questions	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MPT/Performance	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <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.

- ☐ Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- ☐ Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

VI. 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



**RHODE ISLAND BOARD OF BAR EXAMINERS
RHODE ISLAND SUPREME COURT**

CLERK'S OFFICE

Licht Judicial Complex

250 Benefit Street

Providence, Rhode Island 02903

Phone: (401) 222-3272

Fax: (401) 222-3599

FORM 4: PSYCHOLOGICAL 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 accommodations on the bar examination for you on the basis of a psychological disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. You can withhold your consent if you wish, but if it is refused, the Board of Bar Examiners may have to make decisions without the benefit of verified information from your treating physician(s). Please make your choice by signing either Option 1 or Option 2.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

OPTION 1: 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 BEE or consultant(s) of the BEE.

Signature of applicant

Date

OPTION 2: I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Rhode Island 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 bar examination on the basis of a psychological disability. The BBE 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Rhode Island Bar Examination. We appreciate your assistance.

The BBE 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 BBE.**

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 CURRENT FUNCTIONAL LIMITATIONS

1. What is the applicant's DSM-IV-TR (or most current version) diagnosis? Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

2. Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology.

3. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions. Note: psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

4. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the bar examination.

ATTACH A COMPREHENSIVE EVALUATION REPORT.

An applicant's psychological disability must have BBE identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination
- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or "rule out" diagnoses
- prognosis

III. ACCOMMODATIONS RECOMMENDED FOR THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY)

The Rhode Island Bar Examination is a timed written examination administered on the last Tuesday and Wednesday of February and July each year. There is a one hour lunch break each day.

The first day consists of 3 (three) Rhode Island local essay questions, and 1 (one) Multi-State Performance Test (MPT) in the morning session and 6 (six) Multi-State Essay Examination (MEE) questions in the afternoon session. The MEE and MPT 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.

The second day consists of 200 multiple-choice questions Multi-State Bar Examination (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.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, 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 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 CD
- ☐ Microsoft Word document on data CD for use with screen-reading software (for MEE and MPT sessions)
- ☐ Large print/18-point font
- ☐ Large print/24-point font

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber for MEE/MPT
- ☐ Scribe for MBE

Explain your recommendation(s). _____

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

Test Portion	Standard Time	Extra Time Recommended
Rhode Island Local Essay Questions	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MPT/Performance	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <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.

- ☐ Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- ☐ Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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



**RHODE ISLAND BOARD OF BAR EXAMINERS
RHODE ISLAND SUPREME COURT**

CLERK'S OFFICE

Licht Judicial Complex

250 Benefit Street

Providence, Rhode Island 02903

Phone: (401) 222-3272

Fax: (401) 222-3599

FORM 5: VISUAL 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 accommodations on the bar examination for you on the basis of a visual disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. You can withhold your consent if you wish, but if it is refused, the Board of Bar Examiners may have to make decisions without the benefit of verified information from your treating physician(s). Please make your choice by signing either Option 1 or Option 2.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

OPTION 1: 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 BEE or consultant(s) of the BEE.

Signature of applicant

Date

OPTION 2: I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Rhode Island Bar Examination. All such requests must be supported by a comprehensive diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a visual disability. The BBE requires the qualified professional to complete all questions on this form that pertain to the applicant's visual impairment. Reference specific

tests or other objective data and clinical observations, and **attach copies of test results**, if relevant. We appreciate your assistance. The BBE 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 that pertain to the applicant's visual impairment. **Return this completed form and copies of relevant test results to the applicant for submission to the BBE.**

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

1. What is the applicant's current diagnosis? Include a statement as to whether the condition is stable or progressive.

2. Please state the applicant's best corrected visual acuities for distance and near vision.

III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY ADDRESS THE RELEVANT AREAS.

1. Please describe the applicant's eye health (both external and internal evaluations).

2. Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

4. Accommodative Skills: at near point, with and without lenses (provide measurements)

5. Oculomotor Skills: saccades, pursuits, tracking

IV. FUNCTIONAL LIMITATIONS

Describe the functional impact, if any, of the applicant's visual condition on the applicant's reading ability.

V. ACCOMMODATIONS RECOMMENDED FOR THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY)

The Rhode Island Bar Examination is a timed written examination administered on the last Tuesday and Wednesday in February and July each year. There is a one hour lunch break each day.

The first day consists of 3 (three) Rhode Island Local Essay Questions, 1 (one) Multi-State Performance Test question in the morning session and 6 (six) Multi-State Essay Examination (MEE) essay questions in the afternoon session. The MEE and MPT 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.

The second day consists of 200 multiple-choice questions Multi-State Bar Examination (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.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, 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 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 CD
- ☐ Microsoft Word document on data CD for use with screen-reading software (for MEE and MPT sessions)
- ☐ Large print/18-point font
- ☐ Large print/24-point font

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber for MEE/MPT
- ☐ Scribe for MBE

Explain your recommendation(s). _____

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

Test Portion	Standard Time	Extra Time Recommended
Rhode Island Local Essay Questions	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MPT/Performance	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <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.

- ☐ Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- ☐ Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

VI. PROFESSIONAL'S SIGNATURE

I have attached a copy of 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



**RHODE ISLAND BOARD OF BAR EXAMINERS
RHODE ISLAND SUPREME COURT**

CLERK'S OFFICE

Licht Judicial Complex

250 Benefit Street

Providence, Rhode Island 02903

Phone: (401) 222-3272

Fax: (401) 222-3599

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 accommodations on the 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. You can withhold your consent if you wish, but if it is refused, the Board of Bar Examiners may have to make decisions without the benefit of verified information from your treating physician(s). Please make your choice by signing either Option 1 or Option 2.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

OPTION 1: 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 BEE or consultant(s) of the BEE.

Signature of applicant

Date

OPTION 2: I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations for the Rhode Island 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 bar examination on the basis of a physical disability. The BBE 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 Rhode Island 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 BBE 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 BBE 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 BBE.**

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.

III. ACCOMMODATIONS RECOMMENDED FOR THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY)

The Rhode Island Bar Examination is a timed written examination administered on the last Tuesday and Wednesday in February and July each year. There is a one hour lunch break each day.

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The second day consists of 200 multiple-choice questions Multi-State Bar Examinations (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.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, 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 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 CD
- ☐ Microsoft Word document on data CD for use with screen-reading software (for MEE and MPT sessions)
- ☐ Large print/**18-point font**
- ☐ Large print/**24-point font**

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber for MEE/MPT
- ☐ Scribe for MBE

Explain your recommendation(s). _____

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

Test Portion	Standard Time	Extra Time Recommended
Rhode Island Local Essay Questions	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MPT/Performance	90 minutes AM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <input type="checkbox"/> Other (specify) _____
MBE/Multiple-Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50 <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.

☐ Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- ☐ Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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



**RHODE ISLAND BOARD OF BAR EXAMINERS
RHODE ISLAND SUPREME COURT**

CLERK'S OFFICE

Licht Judicial Complex

250 Benefit Street

Providence, Rhode Island 02903

Phone: (401) 222-3272

Fax: (401) 222-3599

FORM 7: CERTIFICATION OF ACCOMMODATIONS HISTORY

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by each educational institution or testing agency (hereinafter "entity") from which you have requested accommodations, whether granted or denied. Please read, complete, and sign below before submitting this form to the entity for completion of the remainder of the form. You can withhold your consent if you wish, but if it is refused, the Board of Bar Examiners may have to make decisions without the benefit of verified information from the entity. Please make your choice by signing either Option 1 or Option 2.

Applicant's full name: _____

Applicant's date of birth: _____ [SSN]: _____

OPTION 1: I give permission to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted or denied that may be requested by the BEE or consultant(s) of the BEE.

Signature of applicant Date

OPTION 2: I refuse to allow consent to contact my testing agency or educational institution relating to my request for special testing accommodations.

Signature of applicant Date

NOTICE TO THE OFFICIAL COMPLETING THIS FORM:

Please print or type your responses to the questions below. **Return this completed form to the applicant for submission to the BBE.**

1. State the following:

Name _____

Title _____

Name of the testing agency or educational institution for which you are completing this form:

Address of the testing agency or educational institution:

2. On what dates and in what course of study (e.g., elementary, high school, college, law school) or testing program (e.g., SAT, ACT, LSAT, MPRE, Bar Exam) was the applicant enrolled or registered? If you are with a testing agency, list the date of each test administration for which the applicant was registered.

3. If accommodations were granted, state the nature of the applicant's physical or mental impairment that served as the basis for granting accommodations.

4. Specifically describe any accommodations granted to the applicant and the dates thereof. If the accommodations included extra time for tests, state the amount of extra time either as a percentage (e.g., 50%) or as extra minutes per hour (e.g., 10 extra minutes per hour). If the applicant received different accommodations over the course of study or for different test administrations, please describe the full history and explain the reason(s) for the differences.

5. Was the applicant's request for accommodations ever denied, in whole or in part? If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.

I certify that the information supplied on this form is true and correct based on the information retained in our records.

Signature of official completing this form

Date signed

Title

Daytime telephone number