

FORM 2

PHYSICAL DISABILITY ACCOMMODATION VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by all licensed professionals who have been involved in the diagnosis and/or treatment of your disability or disabilities. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Arizona Committee on Examinations.

Applicant Signature

Date Signed

Social Security Number

Date(s) of Treatment

NOTICE TO TREATING PROFESSIONAL: The following is the Committee's policy for determining whether to grant test accommodations on the Arizona Bar Examination:

In deciding petitions for accommodations by bar applicants, the Committee relies upon the following definition of disability contained in the Americans with Disabilities Act (ADA) as interpreted by controlling case law:

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures both positive and negative will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Committee is an individualized inquiry and will be made on a case-by-case basis, per individual and per examination administration.

Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Arizona Committee on Examinations for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title, and specialty:

Please describe your specialized training in the assessment, diagnosis and remediation of learning disabilities with the adult population:

II. Applicant's Disability

1. Briefly describe your diagnosis:

2. Your treatment consisted of (include dates):

4. Is this a permanent condition/disability? () Yes () No

If no, when is this condition/disability likely to abate?

5. Explain the specific condition or physical problem that requires test accommodations:

6. Briefly describe the nature and severity of the individual's disabilities and how this affects the applicant's ability to take the examination, with a focus on the functional impact or limitation resulting from the specific disability:

7. Is the applicant's condition/disability ameliorated by medication or any other corrective measures? () Yes () No If yes, please describe:

III. Accommodations Recommended for the Bar Examination

Based on the applicant's condition or disability and your diagnosis, what test accommodations, if any, would you recommend? (Check all that would apply.)

Formats:

- Braille
- Tape
- Large print/18
- Large print/24

Help:

- Reader
- Typist/Transcriber
- Sign language interpreter

The bar exam is administered in two three-hour sessions on Tuesday and Wednesday twice each year.

- Extra testing time. How much extra testing time?
- Essay portion: _____10% _____25% _____33% _____50%

Other (specify)

Please provide your rationale for recommending additional time on the essay portion of the examination.

- Essay portion: _____10% _____25% _____33% _____50%

Other (specify)

- MBE (multiple-choice): _____10% _____25% _____33% _____50%

Other (specify)

Please provide your rationale for recommending additional time on the multiple-choice portions of the examination.

Extra breaks/Rest periods. How long and how often are rest breaks needed?

Please provide your rationale for recommending additional time for rest breaks during the examination. If you are recommending additional time for rest breaks as well as additional time on the essay and/or the multiple-choice portions of the examination, please explain why additional time for rest breaks is also necessary.

Extra testing days. How many total days recommended?

Other arrangements granted (e.g., elevated table, seat near restroom, etc.)

VI. Examiner's/Diagnostician's Certification

I attach hereto copies of all test results, evaluations, education or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This documentation is required.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing Form

Date Signed

License/Certification Number/State