

NST 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.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ SSN: _____

I give permission to the qualified professional completing this form to release the information requested on the form.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Connecticut 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 Connecticut Bar Examining Committee (Committee) 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 Connecticut 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 Committee 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 Committee may forward this information to one or more qualified professionals for an independent review of the applicant's request. Print **legibly** 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 Committee.**

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 CONNECTICUT BAR EXAMINATION
(CHECK ALL THAT APPLY)**

DESCRIPTION OF THE CONNECTICUT STATE BAR EXAMINATION

The first day of the examination consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and 1/2 hour break in between (1 hour for lunch and 30 minutes for instructions). During the morning session, applicants are required to handwrite or type on a laptop (at the preference of the candidate) answers to 2 performance tests. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 1 hour and 30 minutes per performance test. During the afternoon session, applicants are required to hand write or type on a laptop (at the preference of the candidate) answers to 6 essay questions. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 30 minutes per essay. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

The second day of the examination consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and 1/2 hour break in between (1 hour for lunch and 30 minutes for instructions). Each session consists of 100 multiple-choice questions which must be answered by filling in answers on a computer graded grid sheet. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

Applicants are typically seated two to a 6-foot table. They are permitted to leave their desk to go to the restroom and to utilize a water station. All applicants are permitted to bring and wear ordinary foam ear plugs during the examination and to take any necessary over-the-counter and legally prescribed medications (e.g. pills taken orally and topical creams).

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:

MPT/MEE	MBE	
<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	Audio CD
<input type="checkbox"/>	NA	Microsoft Word document on data CD for use with screen-reading software
<input type="checkbox"/>	<input type="checkbox"/>	Large print/ 18-point font
<input type="checkbox"/>	<input type="checkbox"/>	Large print/ 24-point font

Assistance:

MPT/MEE	MBE	
<input type="checkbox"/>	<input type="checkbox"/>	Reader
<input type="checkbox"/>	NA	Typist/Transcriber for MPT/MEE
NA	<input type="checkbox"/>	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 (25%, 50%, or 100% of the standard time)
MPT	AM – 2 performance tests – 3 hours	
MEE	PM – 6 essays – 3 hours	
MBE	AM – 100 multiple choice – 3 hours	
MBE	PM – 100 multiple choice – 3 hours	

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, food, 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