

FORM A NEW HAMPSHIRE BAR EXAMINATION NONSTANDARD TESTING ACCOMMODATIONS QUESTIONNAIRE

(To be completed by applicant)

NOTE: The New Hampshire Board of Bar Examiners requires an applicant seeking nonstandard testing accommodations to support his or her request with current and comprehensive medical or learning disability documentation from a qualified professional who conducted an individualized assessment and made the diagnosis that forms the basis of the request. Medical or other documentation must be sufficiently recent to demonstrate a current impairment. (See note at the end of this form for the definitions of current and comprehensive documentation). Any request for accommodation should be tied specifically to a functional limitation that supports the need for accommodation. The qualified professional must complete Form B and, if applicable, Form B-LD (for a request based on a learning disability) or Form B-ADHD (for a request based on Attention Deficit Hyperactivity Disorder). The professional must also submit a comprehensive evaluation report. In addition, the applicant must submit Form C, which must be filled out by the applicant's law school. The completed forms, report, and other supporting documentation should be returned to the applicant to be provided with his or her application. A complete copy of the request and all supporting forms and documents must also be sent to the Chair of the Board of Bar Examiners.

Background Information:

Applicant Name:			
Date of Birth:			
Address:			
Email:			
Telephone Number:		Exam Date:	

Nature of the Disability for which you are seeking accommodations. (Check all that apply):

<input type="checkbox"/>	Visual disability	<input type="checkbox"/>	Psychological disability	<input type="checkbox"/>	Other
<input type="checkbox"/>	Hearing disability	<input type="checkbox"/>	Specific learning disability		
<input type="checkbox"/>	Other physical disability	<input type="checkbox"/>	ADHD		

1. What disability do you have? (If more than one, please provide separate answers to this question, and the questions below for each disability). Please provide a detailed narrative description of the nature and extent of your disability.

2. Are you currently being treated? Yes No. If yes, provide the name, qualifications, telephone number and address of your treating professional.

3. When was your disability first diagnosed by a qualified professional (mm/yyyy)? Provide the name and address of that professional.

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4. Describe your current functional limitations caused by the disability, and how those limitations will directly affect your ability to take the New Hampshire Bar Examination.

5. Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to alleviate the functional impact of your disability or disabilities and describe their effectiveness, or list "none."

6. Please attach a personal narrative describing your personal experience with your disability, how it has impacted your life, how you have attempted to cope with it, and why you believe the accommodations requested will alleviate the impact of your disability when you take the New Hampshire Bar Examination.

HISTORY OF ACCOMMODATIONS:

In answering the following questions, use these instructions.

If you were granted accommodations, check "yes" and check the boxes identifying the type of accommodation granted. Explain the condition or diagnosis for which accommodations were requested, the entity granting the request, the specific accommodations granted, and the time frame.

If you did not request accommodations, check "no request" and explain why you did not request accommodations.

If you were denied accommodations, check "denied". Explain the condition or diagnosis for which accommodations were requested, the accommodations requested, the entity denying the request, the reason given for the denial, and the time frame.

<p>Did you use disabled-student services, tutoring services or receive special test accommodations while you were in elementary school?</p> <p>Explain according to the instructions above:</p> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in high school?</p> <p>Explain according to the instructions above:</p> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in college?</p> <p>Explain according to the instructions above:</p> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>

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<p>Did you receive testing accommodations in law school?</p> <p>Explain according to the instructions above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you receive testing accommodations for the SAT and/or ACT examination?</p> <p>Explain according to the instructions above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you receive testing accommodations for the LSAT examination?</p> <p>Explain according to the instructions above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you receive testing accommodations for the MPRE examination?</p> <p>Explain according to the instructions above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you receive testing accommodations for any other bar exam?</p> <p>Explain according to the instructions above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>
<p>Did you receive testing accommodations for any other graduate school standardized test, i.e. the GRE or MCAT?</p> <p>Explain according to the instructions above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Request</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Private Room</p> <p><input type="checkbox"/> Add'l Time</p> <p><input type="checkbox"/> Other</p>

If you answered "yes" to any of the above questions, please attach any records or other documentation concerning the diagnosis and the accommodations granted. Providing documentation of long-standing accommodations, such as medical records, IEP's, 504's, report cards, first-hand or long-standing teacher comments, is helpful in evaluating your request. See information regarding comprehensive documentation at the end of this form.

REQUESTED ACCOMMODATIONS.

Please check below the accommodation(s) that you believe is necessary for you to take the New Hampshire Bar Examination.

A - Test Format / Accessibility

Test Question Format	Personal Assistance				
	MBE	Essay		MBE	Essay
Braille	<input type="checkbox"/>	<input type="checkbox"/>	Scribe	<input type="checkbox"/>	<input type="checkbox"/>
Audio CD	<input type="checkbox"/>	<input type="checkbox"/>	Reader	<input type="checkbox"/>	<input type="checkbox"/>
Large Print exam (18 pt. font)	<input type="checkbox"/>	<input type="checkbox"/>	Assistance with computer	<input type="checkbox"/>	<input type="checkbox"/>
Large Print exam (24 pt. font)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

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 New Hampshire Bar Examination.

B - Additional Test Time

If you are seeking additional test time, you must specify the amount of additional time requested for each 3 - hour session. In addition, your qualified professional must (a) provide the rationale for the extra time; (b) submit supporting documentation that the additional time ameliorates the applicant's disability on the examination without fundamentally altering the nature of the exam.

Test Portion	Standard Time	Extra Time Requested
MPT/Performance Test Essay	3 hours	
MEE/Essay	3 hours	
MBE/Multiple-Choice	3 hours AM 3 hours PM	

Explain why the extra time is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the New Hampshire Bar Examination.

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C - Extra Breaks

Describe the duration and frequency of the requested breaks, and explain why the breaks are necessary and how they alleviate the impact of your disability or disabilities in the context of taking the New Hampshire Bar Examination.

D - Separate Room

Are you requesting a separate room? Yes No. If you are requesting a separate room, explain why a separate room is necessary, and why it alleviates the impact of your disability in the context of taking the New Hampshire Bar Examination.

E - Other Arrangements (e.g. medication, lamp, etc.).

Describe the arrangements and explain why the other arrangements are necessary and how they alleviate the impact of your disability or disabilities in the context of taking the New Hampshire Bar Examination.

Applicant's Signature.

All the information furnished by me in seeking nonstandard testing accommodations is true and correct and I understand that it may be reviewed by a qualified professional.

Date

Signature

If you are unable to sign this form, please have someone sign and date it in your presence.

Date

Signature of individual signing on behalf of applicant

NOTE: This accommodation request must be supported by medical documentation provided by a qualified professional. FORM B, and if applicable, FORM B-LD, and/or FORM B-ADHD, must be completed by a qualified professional. FORM C must be completed by your law school.

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

CURRENT AND COMPREHENSIVE DOCUMENTATION:

Current documentation: Medical or other documentation must be sufficiently recent to demonstrate a current impairment. Use the following guidelines to determine whether your documentation is sufficiently recent. Failure to provide recent medical documentation may result in the rejection of your request as incomplete.

Accommodation requests based on Physical, Vision, or Hearing Disabilities. If the disability has been present since birth, or is expected to be permanent, or is not expected to improve over time, the applicant must provide a copy of his or her most recent medical evaluation. If the disability has not been present since birth, or is expected to be temporary, or is expected to improve with time, the applicant should provide medical documentation that is no more than one year old measured from the date of the evaluation to the date of the current application.

Accommodation requests based on Learning Disabilities, ADHD, or other Cognitive Disorders. The applicant's medical documentation should be no more than three years old measured from the date of the evaluation to the date of the current application. For individuals with a documented history since childhood of learning disabilities, ADHD, or other cognitive disorders, documentation no more than five years old will be considered.

Accommodation requests based on Psychiatric Disabilities. The applicant's medical documentation should be no more than one year old measured from the date of the evaluation to the date of the current application.

Comprehensive documentation: Medical or other documentation must be comprehensive. The medical documentation must be sufficient to establish a disability under the ADA and to establish a need for testing accommodations. **Any accommodation request should be tied specifically to a functional limitation that supports the need for the accommodation.** If the request is based on a learning disability, ADHD, or other cognitive disorder, the applicant should provide copies of any available historical documentation that can establish a childhood onset (i.e. elementary school) of symptoms and impairment. These early symptoms and impairments should be documented beyond self-report, and may include such items as elementary school report cards, teacher comments, individualized education plans (IEP's), 504 plans, and documentation from tutors or learning specialists. Medical documentation concerning the applicant's first formal diagnosis is also helpful and should be provided where available. It may also be helpful to provide narrative information from third parties who have known the applicant well, such as parents, spouses, professors, special education specialists, or others, and who can describe their observations of the applicant's behavior in managing his or her disability and functional limitations.