



**THE STATE BAR OF CALIFORNIA
CALIFORNIA BOARD OF LEGAL SPECIALIZATION/OFFICE OF ADMISSIONS**

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**FORM A
PETITION FOR TESTING ACCOMMODATIONS**

(Must be completed by the applicant)

I. BACKGROUND INFORMATION

1. Full Name:

Date of birth:

Bar Number*:

(*You must be registered as a member of the State Bar of California before filing a petition for testing accommodations for the Legal Specialist Examination.)

2. I intend to take the following examination:

Legal Specialist Examination- Northern California

Legal Specialist Examination- Southern California

3. Date of examination I intend to take:

Month/Year

4. Have you previously taken the Bar Examination or First-Year Law Students' Examination?

YES NO

If yes, which examination(s) (list all examinations taken):

Month/Year

5. If yes, did you request testing accommodations to take the examination(s)?

YES NO

II. DISABILITY STATUS

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

Visual impairment

Psychological disability

Hearing impairment

Learning disability

Other physical disability (name):

AD/HD

Other disability (name):

2. In addition to answering the questions below, please attach a narrative description of the nature and extent of your specific disability or disabilities, when and how it/they were first identified, how it/they affect your daily life and describe the functional limitations related to your disability that directly affect your ability to take the examination.
3. When did you first acquire the disability (approximate date and age)?
4. Who was the medical professional (name, occupation, and specialty) who first diagnosed your disability?
5. When was the disability first diagnosed by a treating professional (date and age)?
6. Are you currently being treated? YES NO
If yes, provide, the name, qualifications and contact number of your current treating professional.
7. What treatment and/or medication are currently being prescribed?
8. Are you taking the treatment and/or medication as prescribed? YES NO
9. Is the treatment and/or medication effective in addressing or controlling your symptoms?
 YES NO N/A

If no, explain why not:

III. PAST ACCOMMODATIONS

1. Did you receive disabled-student services, tutoring services, and/or testing accommodations in elementary, middle school or junior high school and/or high school?

YES NO

If yes, provide the name of the school(s), years attended and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your disability?

What accommodations did you receive?

2. Did you receive disabled-student services, tutoring services, and/or testing accommodations in college?

YES NO

If yes, provide the name of the school(s), years attended and attach any written documentation of accommodations granted and/or documentation of other services received.

What was your disability? _____

What accommodations did you receive?

3. Did you request testing accommodations in law school?

YES NO

If yes, were they granted? YES NO

If granted, in addition to responding to the following questions, you must submit a completed law school verification form (Form F) from each law school you attended, which must be signed by an official law school representative.

What was your disability?

What accommodations did you receive?

If your request was denied or only partially granted, please explain:

4. Did you request accommodations to take the LSAT?

YES NO

If yes, attach a copy of the letter you received from LSAC detailing the results of your request(s) for testing accommodations for each administration of the LSAT you took.

What was your disability?

What accommodations did you receive?

If your request was denied or only partially granted, please explain:

5. Did you request accommodations to take the MPRE?

YES NO

If yes, attach a copy of the letter you received from NCBE/ACT detailing the results of your request(s) for testing accommodations for each administration of the MPRE you took.

What was your disability?

What accommodations did you receive?

If your request was denied or only partially granted, please explain:

6. When applying for another jurisdiction's bar examination, did you request testing accommodations?

YES NO

If yes, in addition to responding to the following questions, you must submit a completed Statement of Jurisdiction form (Form G) from each state from which you requested testing accommodations, which must be signed by an official from the bar admission office administering the bar examination in that state.

What was your disability?

What accommodations did you receive?

If your request was denied or only partially granted, please explain:

**IV. ACCOMMODATIONS REQUESTED FOR THE LEGAL SPECIALIST EXAMINATION
(check all that apply)**

The Legal Specialist Examination is a timed written examination administered in two sessions. The first session begins at 7:30 a.m. and consists of a four-hour testing session, plus time for announcements. Next, there is a lunch break of approximately 90 minutes from approximately noon to 1:30 p.m. The second session takes place after the lunch period and consists of a 2.5 hour testing period plus time for announcements.

The morning session consists of eight essays. The written portions of the examination 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 afternoon session consists of 75 multiple-choice questions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Examinees are assigned seats, two per six-foot table, in a room set for 100 to 600 applicants. Examinees are not allowed to bring food, beverages, or other items into the testing room unless approved as an accommodation. All examinees may bring medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. Applicants may leave the examination room only to use the restroom or drinking fountain within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations that you currently experience, what testing accommodation (or accommodations, if more than one would be appropriate) are you requesting?

Alternative Formats

- Audio CD version of the Examination
- Large Print Examination Materials
(check one: 18 pt or 24 pt.)
- Computer with SofTest installed
- Private Room
- Semi-private Room
- Microsoft Word document on data CD for use with screen-reading software (for written sessions)

- Other _____

Personal Assistance

- Dictate to a Typist
- Reader
- Assistance with multiple-choice answer sheet (Scantron sheet)
- Dictate to a Tape Recorder

Please provide rationale for requests indicated:

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination. **All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.**

Essay: Specify the amount of additional test time needed per session and rationale:

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

CERTIFICATION AND AUTHORIZATION

I am aware that it is my responsibility to file a complete petition, which includes all necessary forms, and understand that it will not be processed if found to be incomplete. I have attached all original forms, supporting affidavits or documents in legible form. I understand that if my petition is not filed by the final application filing deadline for a particular administration of an examination, it will not be processed for that examination but for an examination to be administered in the future.

I understand that it is possible that my application for testing accommodations and all supporting documents may be referred to an expert consultant retained by the California Board of Legal Specialization for review. I authorize such disclosure, and further consent to having a State Bar representative, staff or consultant contact my specialist to discuss the information provided by the specialist or law school official and my request for testing accommodations during administration of an examination administered by the California Board of Legal Specialization.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct. I understand that false statements made herein could result in disciplinary action by the State Bar of California.

(Applicant Signature)

(Date)