



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

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500**

**FORM H
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 testing accommodations on the Legal Specialist Examination for you on the basis of a mental 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:

Bar Number:

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 California Board of Legal Specialization or consultant(s) of the California Board of Legal Specialization.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Legal Specialist 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 an examination administered by the California Board of Legal Specialization on the basis of a visual disability. The California Board of Legal Specialization 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. Your assistance is appreciated.

The California Board of Legal Specialization 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 California Board of Legal Specialization.**

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

III. 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.

3. When was the applicant's visual disability first diagnosed?

4. Did you make the initial diagnosis? Yes No

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 first-year or bar examination.

IV. Diagnosis-Specific Findings. Only Address 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

V. FUNCTIONAL LIMITATIONS

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

2. 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 first-year examination or the bar examination.

3. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant’s functional limitations.

VI. ACCOMMODATIONS RECOMMENDED 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 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 essay and Performance Test sessions)
- Large print/**18-point font**
- Large print/**24-point font**

Assistance:

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

Explain your rationale for your recommendation(s).

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

LSX Essay Portion Extra Time Recommended (4 hours standard):

LSX Multiple-Choice Portion Extra Time Recommended (2.5 hours standard):

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.

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

VII. 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