



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

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**FORM B
TESTING ACCOMMODATIONS – PHYSICAL DISABILITIES
VERIFICATION**

(Please print or type; must be legible)

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 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:

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 evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of a physical disability. The California Board of Legal Specialization 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 examination administered by the California Board of Legal Specialization. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The California Board of Legal Specialization 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 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 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? _____

5. 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.

6. Provide the date of your last complete evaluation of the applicant. _____

7. Is this a permanent condition/impairment? Yes No

If no, when is it likely to abate?

8. 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 Legal Specialist Examination.

9. 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.

10. 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 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.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 600 applicants. Applicants are not allowed to bring food, beverages, or other items into the testing room unless approved as an accommodation. All applicants 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?

Please see next page to select the accommodations you are 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: _____

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

IV. CONFIDENTIALITY

Confidentiality policies of the California Board of Legal Specialization/Office of Admissions of The State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

V. PROFESSIONAL'S SIGNATURE

I have attached copies of all records, test results or reports that I relied upon in making this 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 Licensed Professional)

(Date)

The California Board of Legal Specialization reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.