

UTAH STATE BAR

General Guidelines for Documenting Physical Disability for Form C

The following guidelines are intended to assist the applicant and evaluator in completing the request for accommodations of the Utah State Bar exam (“Bar exam”).

A licensed health care provider with expertise in diagnosing and treating the applicant’s physical disability must document the disability by completing Form C. The applicant’s name must be clearly indicated on all documents submitted by the applicant and by the health care provider. It is the applicant’s responsibility to collect the required forms and medical documentation from the health care provider and file them with the application by the deadline. The evaluation forming the basis for the request for accommodations must have been conducted within the last five years. The diagnostician/evaluator must have comprehensive training and direct experience working in the field (such as board certification by a recognized board). In completing the required forms(s), the evaluator must describe each of the following:

1. The academic credentials and qualifications that allow the evaluator to diagnose the disability and recommend accommodations on the Bar Exam;
2. The applicant’s impairment including
 - a. diagnosis;
 - b. history;
 - c. treatment, including medication, and the effect of treatment on the condition;
3. Documentation substantiating the disability, including an objective assessment to rule out the likelihood of malingering or the exaggeration of symptoms;
4. The physical/mental limitations currently experienced as a result of the impairment;
5. How long the limitations are expected to last;
6. How the physical/mental impairment impacts the specific tasks demanded by the Bar Exam; and
7. How the accommodation being requested will reduce the impact of the documented functional limitation your disability imposes.

A general description of typical symptoms found in people with the applicant’s condition is not sufficient, nor are chart notes copied from the medical record without the analysis described above. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. It is important to understand that the mere documentation of the presence of a disability does not entitle the applicant to accommodation(s). Rather, the impact of the disability on the applicant’s ability to take the Bar exam must be quantifiably and objectively documented so that reasonable accommodations can be determined. For example, if an applicant with arthritis is seeking extra time due to slow typing speed, simply providing documentation to prove that the applicant has arthritis is not sufficient; an objective test must be conducted that measures the applicant’s typing ability against the general population so the appropriate amount of extra time can be granted.

The diagnostician must include a detailed explanation as to why each SPECIFIC recommended accommodation is necessary and a detailed rationale for each accommodation requested. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. Recommendations must not give the candidate an unfair advantage over other candidates but must be designed to give a fair chance for the applicant. Recommendations that are clearly excessive will bring the expertise of the evaluator into question. The Bar exam does not provide unlimited time as an accommodation. An inability to complete the test under standard time conditions is not automatically a reason for an accommodation or additional test time, as not all standard test takers are able to do this.

Please note: if the applicant is seeking extra time on the examination because the physical disability affects cognitive functioning, a qualified evaluator must complete Form D after conducting the necessary psycho-educational testing to determine the extent of the cognitive impairment (see Form D).

UTAH STATE BAR
FORM C
Non-standard Test Accommodations
Medical Disability Verification Form
To be completed by a Physician or Licensed Professional

This Form must be completed by a qualified evaluator who is familiar with the candidate's disability and its impact on the candidate's ability to perform on the Bar Exam. The evaluator should complete all sections of this form unless it clearly does not pertain to the applicant's specific disability. Recommended accommodations must be supported by objective data as well as clinical observations.

Simply being diagnosed with a condition does not entitle an applicant to accommodations. Objective data must be provided that specifically demonstrates how the condition impairs the applicant so that the appropriate accommodations can be determined.

Please refer to the General Guidelines for Documenting Medical Disability before completing this form.

Return this form and relevant records to the applicant for submission to the Utah State Bar.

Name of Applicant: _____

Name of professional completing this form: _____

Title: _____

License/Certification Number: _____

Complete Address:

Telephone Number: _____

Please describe the credential(s) that qualify you to diagnose and/or verify the applicant's disability and to recommend accommodations.

INFORMATION REGARDING THE APPLICANT:

1. Date you first met with patient/applicant: _____
2. Date of patient/applicant's initial diagnosis: _____

If you did not make the initial diagnosis, please provide the name of the professional who did:

3. Diagnostic tests administered and dates thereof:

4. Date of last examination/treatment of the patient/applicant: _____

5. The Utah State Bar requires current documentation (within the last 5 years) from a physician or licensed professional relating to the applicant's disability to be included with a request for nonstandard test accommodations. Do you have any current medical reports/evaluations on the applicant?

☐ Yes

☐ No

Please explain _____

6. As a result of your examination, tests and treatment of the patient, what is the specific diagnosis, condition and/or disability that warrants your recommendation for nonstandard test accommodations:

7. Given the possibility that some individuals may seek a diagnosis of physical deficits in order to inappropriately obtain test accommodations, evaluations should include objective assessments to rule out malingering or exaggerated reporting of symptoms. Please describe any objective symptom validity testing that was used to confirm the diagnosis, as well as the results of such testing:

8. Please describe the nature of the condition and how this condition affects the applicant, including the impact on daily activities:

9. Please identify the major life activities that are substantially impaired by the applicant's condition (please be aware test-taking is not considered a major life activity):

10. Does the severity of the condition/impairment fluctuate?

- ☐ Yes
☐ No

If yes, please describe the settings and/or circumstances affecting severity that are relevant to taking the Bar exam:

11. Please describe your treatment of this condition, including any and all prescribed medications:

12. Does the applicant experience any side effects as a result of taking prescribed medications and/or other treatment?

- ☐ Yes
☐ No

If "Yes", please describe the side effects and any impact they may have on the applicant's regular activities:

13. Does the medication/treatment prescribed to the applicant ameliorate the symptoms?

- ☐ Yes
☐ No

If "No", please explain what symptoms continue even with medication:

14. Is this a permanent condition/disability?

☐ Yes

☐ No

If “no”, when is this condition/disability likely to abate?

15. Please describe the history of accommodations received by the applicant (e.g. in college, law school, and on standardized tests such as the ACT, SAT, or LSAT):

16. How does the condition (or its treatment) impact the applicant’s ability to take the Bar examination?
(please check all that apply and provide an explanation):

☐ Affects writing

Please explain _____

☐ Affects reading

Please explain _____

☐ Causes more than average fatigue

Please explain _____

☐ Causes pain

Please explain _____

☐ Requires breaks (e.g. stretch, restroom visits, administration of medication)

Please explain _____

☐ Affects cognition*

Please explain _____

*Note: If the physical disability affects the applicant’s cognitive abilities and this constitutes a basis for requesting extra time, a separate Cognitive Disability Form must be completed (Form D) and appropriate test scores provided to specifically demonstrate the cognitive effects.

☐ Other

Please explain _____

DESCRIPTION OF EXAM

The Utah State Bar examination is administered in an environment similar to a classroom test setting. The candidates are allowed to use earplugs, but audio or visual distractions may be present. During the examination, candidates may use the restroom or drinking fountains. Personal items, including food and drink, are not allowed in the test area.

The exam is given over two days. Day 1 of the Bar examination consists of 6 essay questions and 2 Multistate Performance Test (“MPT”) questions over a 6-hour period. Candidates are allowed 30 minutes per essay question and one-and-one-half hours per MPT question, resulting in two three-hour test sessions with an hour lunch break. Candidates must record their answers in written format, either by hand or by typing on a laptop computer. In responding to these questions, candidates must demonstrate their ability to identify significant legal issues and principles, analyze complex legal problems, and organize and articulate a comprehensive analysis of legal issues.

Day 2 of the Bar examination consists of 200 multiple choice questions answered over a 6-hour period. Candidates are allowed 3 hours per 100-question section of the test, with an hour lunch break. Candidates answer by filling in circles on a scantron answer sheet.

RECOMMENDED TEST ACCOMMODATION(S)

Please note: To “level the playing field” for applicants with disabilities, we seek your recommendation in order to adequately provide appropriate and reasonable accommodations. “Reasonable accommodations” means an adjustment or modification of the standard test conditions that ameliorates the impact of the applicant’s disability without providing an unnecessary advantage over applicants taking the examination under standard conditions.

Based on the candidate’s condition/disability and its impact on his or her ability to perform on the Bar examination, what accommodation(s) would you recommend? If an accommodation is not listed below, please describe it under “other.”

17. Accommodations Requested for the Written Portion (MEE and MPT questions) of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)

Please specify _____

- ☐ Scribe
- ☐ Dictation software

Please specify _____

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (two essays at a time)
- ☐ Every 90 minutes (three essays at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)

- ☐ Separate room
- ☐ Shortened test days
- ☐ _____

18. Accommodations Requested for the MBE portion of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)
Please specify _____
- ☐ Scribe
- ☐ Non-scantron answer sheet (circle answers in question booklet)

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (33-34 questions at a time)
- ☐ Every 90 minutes (50 questions at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)
- ☐ Separate room
- ☐ Shortened test days
- ☐ _____

19. Please explain how the recommended accommodation(s) will reduce the impact of the functional limitation the disability imposes; in cases where extra time is recommended, please specify how you determined the appropriate amount of extra time:

PHYSICIAN'S SIGNATURE:

I declare that the above information is true and correct.

Signature of Physician/Licensed Professional: _____

Print Name: _____

Date: _____ Telephone Number: _____

Email Address: _____