

UTAH STATE BAR

FORM A

Accommodations Eligibility Questionnaire

(See GENERAL GUIDELINES for more information)

Name of Applicant: _____

1. Disability Status *(please check all that apply)*:

a. Do you have a:

☐ Physical Disability?*Please specify* _____☐ Learning Disability?*Please specify* _____☐ Psychological Disability?*Please specify* _____

b. How long have you had your disability?

☐ 1 year☐ 2-5 years☐ 5-10 years☐ More than 10 years☐ Most of my life

c. When was your disability diagnosed?

☐ 1 year ago☐ 2-5 years ago☐ 5-10 years ago☐ More than 10 years ago

d. Are you currently being treated?

☐ Yes☐ No*Please explain:* _____

If yes:

Provide the name and address of your treating professional(s):

--

List the treatment and/or medication currently prescribed:

--

Explain the effectiveness of the treatment or medication in eliminating or ameliorating symptoms:

COMPLETE FORM F and APPLICABLE FORMS C, D, and/or E with CURRENT DOCUMENTATION FROM A PSYCHOLOGIST, PSYCHIATRIST, DOCTOR OR OTHER PROFESSIONAL, certifying your disability.

2. Past Accommodations Made for Your Disability

a. In HIGH SCHOOL:

Were you in a special school program?

☐ Yes

☐ No

Did you receive special accommodations for classroom tests?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

b. In COLLEGE:

Did you receive accommodations?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide college transcripts, regardless of whether accommodations were granted.

c. Have you taken any of the following tests? (*check all that apply*)

☐ SAT

☐ ACT

☐ GRE

☐ MCAT

☐ GMAT

Did you have test accommodations for any of the above examinations?

☐ Yes

☐ No

If YES, specify the test taken and the accommodation(s) received; if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide score reports for all tests taken, regardless of whether accommodations were granted.

Please provide written verification from the testing entity of any accommodations received and/or denied.

d. Did you have test accommodations for the LSAT?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide score reports for all tests taken, regardless of whether accommodations were granted.

Please provide written verification from LSAT of these accommodations or a copy of the denial letter.

e. In LAW SCHOOL, did you receive accommodations?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide written verification from your law school of these accommodations with FORM B.

- f. Did you request special accommodations, or do you plan to request accommodations on the Multistate Professional Responsibility Exam (“MPRE”)?

- ☐ Yes
☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not/will not request accommodations or why accommodations were not granted:

Please provide written verification from MPRE of any accommodations or a copy of the denial.

3. Other Bar Examinations

- a. If you have taken or applied to take a bar examination in another jurisdiction, were you granted test accommodations?

- ☐ Yes
☐ No
☐ Not applicable: I have not applied for or sat for any other bar examination

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide written verification from the Bar examining authority of any accommodations.

4. Employment

- a. Have you ever or are you currently receiving accommodations in an employment setting including internships, externships, and clerkships?

- ☐ Yes
☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

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

a. Formatting:

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

Please specify _____

- ☐ Scribe
☐ Dictation software

Please specify _____

b. Extra Breaks (5-10 minutes):

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

c. 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)

d. Other:

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

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

a. Formatting:

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

Please specify _____

☐ Scribe

☐ Non-scantron answer sheet (circle answers in question booklet)

b. Extra Breaks (5-10 minutes):

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

c. 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)

d. Other:

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

7. In a separate Personal Statement, please describe:

- a. Your disability, including specific symptoms, duration, severity and frequency.
- b. When you first sought medical attention.
- c. When and how the disability was diagnosed.
- d. Treatment history, including prescribed medications and their effect.
- e. Your history of accommodations.
- f. How each proposed accommodation will reduce the impact of the functional limitation your disability imposes.

I am aware that it is my responsibility to file a COMPLETE Accommodations Eligibility Questionnaire (Form A). I understand that it will be returned to me if it is found to be incomplete, untimely or otherwise not in compliance with the instructions. I agree that all documents supporting my accommodation request may be reviewed by a physician, therapist or professional authority. I further agree to submit to independent diagnostic testing by a physician, therapist, or professional authority of the Utah State Bar's choice if such is requested. I have uploaded all supporting documentation with this Questionnaire. I CERTIFY the above statements to be true. I understand that false statements made herein could result in denial of character and fitness certification.

Signature: _____

Print Name: _____

Date: _____