

**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

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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: _____