Name of Applicant:

General Guidelines for Documenting Physical Disabilities on Form C

The following guidelines are to assist in completing Form C of the Test Accommodation Request documents for the Utah State Bar Examination. 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.

Who must complete the form:

- 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 licensed health care provider must have comprehensive training and direct experience working in the field (such as board certification by a recognized board).

Requirements:

- The Applicant's name must be clearly indicated on all documents submitted.
- In completing the form(s), the licensed health care provider must describe each of the following:
    - The academic credentials and qualifications that allow the licensed health care provider to diagnose the disability and recommend accommodations on the Bar Exam.
    - The applicant's impairment, including:
        - Diagnosis;
        - History; and
        - Treatment, including medication, and the effect of treatment on the condition.
    - Documentation substantiating the disability, including an objective assessment to rule out the likelihood of malingering or the exaggeration of symptoms.
    - The physical/mental limitations currently experienced because of the impairment.
    - How long the limitations are expected to last.
    - How the physical/mental impairment impacts the specific tasks demanded by the Bar exam.
    - How the accommodation being requested will reduce the impact of the documented limitation the disability imposes.
- The licensed health care provider must include a detailed explanation as to why each SPECIFIC recommended accommodation is necessary and a detailed rationale for each accommodation requested with reference to test results or clinical observations that support the need for accommodation.
- 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.
- 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.

Standards

- Recommendations must not give the candidate an unfair advantage over other candidates but must be designed to give a fair chance for the applicant.
- If the recommended accommodations are clearly excessive and not supported by the data and evaluation, despite being recommended by a licensed healthcare provider, they will not be granted.
- 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.
- If the applicant is seeking extra time on the examination because the physical disability affects cognitive functioning, a qualified psychologist must complete **Form D** after conducting the necessary testing to determine the extent of the cognitive impairment.

FORM C

Name of Applicant:

FORM C
Medical Disability Verification Form
To be completed by a Licensed Healthcare Provider

This Form must be completed by a licensed health care provider who is familiar with the candidate's disability and its impact on the candidate's ability to perform on the Bar Exam. The licensed health care provider 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 Professional Completing this Form:

Professional Title:

License/Certification Number:

Complete Address:

Telephone Number:

Email Address:

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

Information Regarding the Applicant

Date you first met with patient/applicant:

Date of patient/applicant's first diagnosis:

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

Date of last examination/treatment of patient/applicant:

Diagnostic Tests Administered

Test	Date administered

FORM C

Name of Applicant:

The Utah State Bar requires documentation from a licensed health care provider related to the applicant's disability.

Do you have medical reports/evaluations on the applicant that reflect the applicant's current ability to sit for the bar exam?

- ☐ Yes
- ☐ No

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?

Given the possibility that some individuals may seek a diagnosis of physical deficits to inappropriately obtain test accommodations, evaluations should include objective assessments to rule out malingering or exaggerated reporting of symptoms.

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

Please identify the major life activities that are substantially impaired by the applicant's condition. Test-taking is not considered a major life activity.

Does the severity of the condition/impairment fluctuate?

- ☐ Yes
- ☐ No

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

FORM C

Name of Applicant:

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

Does the applicant experience any side effects because of taking prescribed medications or other treatment?

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

If no, please explain what symptoms continue even with medication:

Is this a permanent condition/disability?

- ☐ Yes
- ☐ No

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

History of Accommodation – *please describe what the applicant has reported about the applicant's history of receiving accommodation in college, law school, and on standardized exams such as ACT, SAT, LSAT.*

FORM C

Name of Applicant:

How does the condition/treatment impact the applicant's ability to take the Bar examination?

☐ Affects writing – please explain:

☐ Affects reading – please explain:

☐ Causes more than average fatigue – please explain:

☐ Causes pain – please explain:

☐ Requires breaks (stretch, restroom, administer medication) – please explain:

☐ Affects cognition – please explain.

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

Name of Applicant:

Recommended Test Accommodation(s)

To level the playing field for applicants with disabilities, we seek your recommendation to adequately provide appropriate and reasonable accommodation. Reasonable accommodation 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, please provide your recommendation for accommodation. If an accommodation is not listed below, please describe it under "other." A description of the bar exam is at the end of this document.

Changes to Exam Formatting

- ☐ Audio Recording
- ☐ Screen Reader
- ☐ Scribe
- ☐ Large Type

Please circle text size **18pt** **24pt**

- ☐ Non-scantron answer sheet – ***for MBE only***
- ☐ Other:

Audio Recording: applicant will receive a tablet with an audio only version of the exam, a pair of headphones, and a paper copy of the exam.

Screen Reader: applicant will receive a secure USB version of the exam. The applicant will access the exam through the USB on a personal computer so that they can use the screen reading software already on the computer. The applicant will not receive a paper copy of the exam.

Scribe: applicant will have a court reporter or other authorized individual in the room with them during the exam to whom the applicant will dictate answers to the MEE and the MPT portions of the exam.

Breaks

- ☐ Every 60 minutes
- ☐ Every 90 minutes

Extra Test Time

If accommodation is warranted, the default extra time granted is time and a half. A specific request for something different must be accompanied by documentation evidence directly supporting the request.

Extra time does not include extra breaks. You must specifically request breaks in the appropriate space above and provide documentation supporting that request.

- ☐ Time and a half (Extra 90 minutes per 3 hour session)
- ☐ Other _____

Other – *you must provide documentation supporting your request*

- ☐ Use of lectern
- ☐ Separate room
- ☐ Short test days

Separate Room – applicant will be placed in reduced-distraction room which may include a small number of other examinees. If the applicant requires a private room, they must specifically request it and provide documentation supporting that request.

Short Test Days – applicant will test between 4-6 hours a day. Receiving shortened test days will increase the number of test days and will result in testing between 3-4 days.

FORM C

Name of Applicant:

Please explain how the recommended accommodation will reduce the impact of the limitation the disability imposes; in cases where extra time is recommended, please specify how you determined the appropriate amount of extra time. You may attach additional sheets as necessary.

I declare the above information is true and correct.

Date:

Physician's Signature:

Description of Bar Exam

The Utah State Bar examination is administered over two days 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, are not allowed in the test area. Applicants are permitted to bring in one factory-sealed water bottle per session.

Day 1 consists of 6 essay questions and 2 Multistate Performance Test ("MPT") questions over a 6-hour period. Candidates are allowed 3 hours to complete 6 essay questions and 3 hours to complete 2 MPT questions, 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 bubbles on a scantron answer sheet.