District of Columbia Court of Appeals
Committee on Admissions
430 E Street N.W. Room 123
Washington, D.C., 20001

Phone: (202) 879-2710
Email: wtrakhtengerts@dcappeals.gov

Request for District of Columbia Bar Examination Testing Accommodations

APPLICANT REQUEST FORM

GENERAL INFORMATION:

1. Bar Examination Test Date: _____ (month/year)
2. Full Name _____ (first/middle/last):
3. NCBE Number: N _____
4. Date of Birth: _____
5. Daytime Telephone: _____
6. Email: _____
7. Mailing Address:
   City: _____ State:
   _____ Zip:
   _____ Country:
   _____

District of Columbia Bar Exam History:

1. Have you previously taken the District of Columbia Bar Exam?

☐ Yes ☐ No
If yes, list all test dates (month/year). _____

2. Have you previously requested test accommodations for the District of Columbia Bar Exam?

☐ Yes ☐ No
If yes, list all test dates (month/year) for which you requested accommodations and state whether your request was granted.

INFORMATION ABOUT YOUR DISABILITY

1. Mark an "X" beside your disability or disabilities and list the specific diagnosis:

_☐_ ADHD:
_☐_ Learning disorder:
_☐_ Psychological:

_☐_ Chronic health condition:
_☐_ Physical:
_☐_ Visual:
_☐_ Hearing:
_☐_ Other:

3. List the month and year when each disability was first diagnosed.

4. Describe your current functional limitations and how those limitations will affect your ability to take the bar examination.

5. Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the functional impact of your disability or disabilities and the effectiveness thereof, or list "none."

ACCOMMODATIONS REQUESTED

The standard format of the bar exam consists of four timed sessions. Each session is three hours in duration. The four sessions are administered over two days. Session 1 - Multi-state Performance Exam consists of two questions, each has a simulated case file which applicants use to respond to the tasks posed by the questions. Session 2 - Multi-state Essay Exam contains six essay questions on specific areas of law; Sessions 3 and 4 - Multi-State Bar Exam with 100 multiple choice questions in each session for a total of 200 questions. The exam materials are in paper booklets. For Sessions 1 and 2, applicants type responses using a laptop computer. For Sessions 3 and 4 responses are recorded in pencil on scantron sheets. More information on the exam content may be obtained at www.ncbex.org. Please see the exam instructions for additional information about the exam administration.

Limited items are permitted in the exam, however feminine hygiene products, over the counter or prescription medication and glucose monitors do not require a special accommodation.

Indicate the accommodations you are requesting on the following pages.

1. EXTENDED TESTING TIME (CHECK ONE):

   ☐ 25% extended testing time (extra 45 minutes)
   ☐ 50% extended testing time (extra 90 minutes)
   ☐ 100% extended testing time (extra 180 minutes)
   ☐ Other amount. Please specify:

2. SUPERVISED BREAKS (NOT COUNTED IN TESTING TIME):

   _____ Breaks (describe duration and frequency):

3. TEST FORMAT/ACCESSIBILITY:
   ☐ Large-print test book and answer sheet (select font size: 18-point font; or 24-point font)
   ☐ Braille and/or Audio CD
   ☐ Auxiliary aid (describe auxiliary aid):
   ☐ Screen Reading/Dictation Software. Specify which or both:
   ☐ Record answers in test booklet (multiple choice only)
   ☐ Scribe to complete answer sheet
   ☐ Wheelchair accessible table (specify height):

4. OTHER ACCOMMODATION NOT LISTED ABOVE (DESCRIBE):

<u>YOUR ACCOMMODATIONS HISTORY</u>

For questions 1 through 5 below, please follow these instructions: If you were granted accommodations, check "Granted" and briefly describe the accommodations provided. (Note: **You must provide verifying documentation of all accommodations**.) If you did not request accommodations, check "Not Requested" and explain why you did not request accommodations. If you were denied accommodations, check "Denied" and list the reason(s) given by the entity for the denial. If you did not attend the type of school listed or did not take the exam listed, check "N/A."

1. Were you granted accommodations for the bar examination?
   ☐ Granted
   ☐ Not Requested
   ☐ Denied
   ☐ N/A
   Explanation:

2. Were you granted accommodations in law school?
   ☐ Granted
   ☐ Not Requested
   ☐ Denied
   ☐ N/A
   Explanation:

3. Were you granted accommodations in college (undergraduate or graduate studies)?
   ☐ Granted
   ☐ Not Requested
   ☐ Denied

_☐_ N/A
Explanation:

4. Were you granted accommodations or disabled-student services in elementary or secondary school, including but not limited to accommodations or services provided under an Individualized Education Plan (IEP) or a 504 Plan?
   _☐_ Granted
   _☐_ Not
   _☐_ Requested
   _☐_ Denied
   _☐_ N/A
   Explanation:

5. Were you granted accommodations for any of the following standardized tests:
   LSAT:
   _☐_ Granted
   _☐_ Not Requested
   _☐_ Denied
   _☐_ N/A
   MPRE:
   _☐_ Granted
   _☐_ Not Requested
   _☐_ Denied
   _☐_ N/A
   GRE:
   _☐_ Granted
   _☐_ Not Requested
   _☐_ Denied
   _☐_ N/A
   GMAT:
   _☐_ Granted
   _☐_ Not Requested
   _☐_ Denied
   _☐_ N/A
   SAT:
   _☐_ Granted
   _☐_ Not Requested
   _☐_ Denied
   _☐_ N/A
   ACT:
   _☐_ Granted
   _☐_ Not Requested
   _☐_ Denied
   _☐_ N/A
   Explanation:

6. Do you have any accommodation requests pending with other entities (e.g., the bar exam)?
   _☐_ Yes

☐ No

If yes, list each entity, the accommodations you requested, and the date that you submitted your request.

ACADEMIC HISTORY

1. List your postsecondary educational history, including all colleges, universities, law schools, and other graduate or professional schools you have attended. State the dates of attendance and degree(s) earned.

OPTIONAL PERSONAL STATEMENT

If there is anything else you would like the Committee to know about your disability and need for accommodations, you may attach a personal narrative. Include your name and NCBE number on every page.

CERTIFICATION AND AUTHORIZATION

The information I have provided in support of my request for test accommodations is true and complete. I understand that if the Committee determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Committee reserves the right to cancel my bar exam score. I authorize the Committee to contact all educational institutions and/or testing agencies that have provided me with test accommodations and/or are considering a pending application for test accommodations to clarify the accommodation(s) that have been or will be granted or denied.

I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Committee, and I authorize such disclosure. I understand that all necessary documentation and information must be received by the Office of Admissions by the deadline in order for my request for test accommodations to be considered.

Signature: _____

Date signed: _____

Electronic Signature is acceptable

If you are unable to sign this form, please have someone sign and date it in your presence:

_____

Individual's signature: