

FORM 1: APPLICANT REQUEST FOR TEST ACCOMMODATIONS

Full Name: _____

Date of Birth: _____

SSN: _____

I. YOUR DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations.

Learning disability

Visual impairment

AD/HD

Hearing impairment

Physical disability

Psychological disability

Other (describe) _____

2. Age when first diagnosed: _____

3. Are you currently being treated? Yes No

If yes, provide the name, qualifications, and telephone number of your treating professional(s).

4. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

5. Is the treatment or medication effective in controlling symptoms?

Yes No N/A

If no, describe remaining symptoms and any side effects.

III. ACCOMMODATIONS REQUESTED

Test question formats:

- Braille
- Audio CD
- Large print/**18-point font**
- Large print/**24-point font**

Assistance:

- Reader
- Typist for essays (MEE and MPT)
- Scribe for multiple-choice (MBE)

Extra testing time. Indicate below how much extra testing time is requested:

Extra breaks. Describe the duration and frequency of the requested breaks.

Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the arrangements.

VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

____Initial The information I have provided in support of my request for test accommodations is true and complete.

____Initial I understand that if Birmingham School of Law 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 Alabama State Bar reserves the right to withhold or void my bar examination scores, treat such conduct as a character and fitness issue, or both.

____Initial 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 Birmingham School of Law, and I authorize such disclosure.

____Initial I understand that all necessary documentation and information must be provided to BSL by (date/s)and that my request for test accommodations will not be considered and will be denied if the deadline is missed.

Applicant signature

Date signed

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

Signature of individual signing on behalf of applicant

Date signed