

## FORM A: APPLICANT REQUEST FOR NONSTANDARD TESTING ACCOMMODATIONS

Any applicant requesting nonstandard testing accommodations (NTA) in connection with an Illinois bar examination must file a COMPLETE request for NTA, including ALL required forms and ALL supporting documents from third parties, simultaneously with the balance of the paper portion of his or her bar examination application and in accordance with applicable examination filing deadlines and subject to corresponding application filing fees. NTA forms and materials submitted after the final late filing deadline, including requests to modify nonstandard testing accommodations at any stage including those already approved, not yet approved, approved in part, or denied, will not be considered for the pending bar exam.

Any diagnosis or injury occurring after the final late filing deadline will NOT be considered for accommodations for the pending bar exam.

1. Examination for which you are currently applying:

\_\_\_\_ February \_\_\_\_ July of 20 \_\_\_\_

2. General Information

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

3. Nature of your disability and its effect upon your ability to take the bar examination

A. Check all that apply

\_\_\_\_ Physical Impairment

\_\_\_\_ Attention Deficit Disorder/Hyperactivity Disorder (ADD or ADHD)

\_\_\_\_ Learning Disorder

Specify type \_\_\_\_\_

\_\_\_\_ Visual Impairment

\_\_\_\_ Hearing Impairment

\_\_\_\_ Psychiatric or Psychological Disorder

\_\_\_\_ Other

Specify \_\_\_\_\_

B. Provide a detailed description of the nature of the disability that is the basis of your request for NTA.

C. Explain how the disability described in 3B impairs a major life activity relevant to your taking the bar exam under standard conditions. Please be sure to identify the major life activities impacted.

D. Provide the name, complete address, email address, phone number, and fax number of each medical or psychological authority who is providing a Form B: Qualified Professional Disability Verification in support of your request for NTA.

4. Accommodations Requested for the Illinois bar examination

A. Please indicate below all NTA you are requesting in connection with the Illinois bar examination.

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B. Examinations are administered over the course of 2 days to NTA applicants accorded as much as 50% additional testing time. Applicants accorded additional testing time who believe themselves entitled on the basis of disability to test over the course of 4 days rather than 2 must so advise and provide a detailed explanation below. The medical or psychological authority of any such applicant must also recommend testing over the course of 4 days and provide a detailed explanation for such a recommendation.

\_\_\_\_\_ I am not requesting additional testing time.

\_\_\_\_\_ I am requesting additional testing time. Specify the amount of additional time requested for each session of the examination:

MPT and MEE:	25%	50%	MBE:	25%	50%
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\_\_\_\_\_ I am requesting additional testing time and believe myself entitled on the basis of disability to test over the course of 4 days. Specify the amount of additional time requested for each session of the examination:

MPT and MEE:	50%	100%	MBE:	50%	100%
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Provide a detailed explanation of the basis for your request.

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C. Please provide a detailed explanation of the relationship of each of the NTA you request to your physical and/or mental disability.

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5. Education: Accommodations Previously Provided For Your Disability

- A. Please advise below whether you received nonstandard accommodations for course examinations or course work. Check all that apply and provide a detailed description of any accommodations received. In addition, provide a Form C: Certificate of Nonstandard Educational, Testing, or Licensing Accommodation from each post-secondary educational institution at which you were permitted accommodations.

\_\_\_\_\_ No such NTA requested or received.

\_\_\_\_\_ Law School

Describe accommodations:

\_\_\_\_\_ Graduate School (other than law school)

Describe accommodations:

\_\_\_\_\_ College

Describe accommodations:

\_\_\_\_\_ High School

Describe accommodations:

\_\_\_\_\_ Other

Specify and describe accommodations:

B. Prior Testing Accommodations: Please advise below whether you received nonstandard accommodations for any standardized, licensing, or post-secondary entrance examinations. Check all that apply and provide a detailed description of any accommodations received. In addition, provide a Form C: Certificate of Nonstandard Educational, Testing, or Licensing Accommodation from each testing entity at which you were permitted accommodations.

\_\_\_\_\_ No such accommodations requested or received.

\_\_\_\_\_ MPRE

Describe accommodations:

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\_\_\_\_\_ LSAT

Describe accommodations:

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\_\_\_\_\_ GMAT

Describe accommodations:

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\_\_\_\_\_ GRE

Describe accommodations:

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\_\_\_\_\_ SAT

Describe accommodations:

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\_\_\_\_\_ ACT

Describe accommodations:

\_\_\_\_\_ Other

Specify and describe accommodations:

- C. Please indicate below whether you received accommodations for a bar examination in any jurisdiction other than Illinois. If yes, provide the name(s) of any such jurisdictions(s) and provide a detailed description of any accommodations received. In addition, provide a Form C: Certificate of Nonstandard Educational, Testing, or Licensing Accommodation from each jurisdiction in which you were permitted accommodations.

\_\_\_\_\_ I have not requested or received accommodations for any bar examination outside Illinois.

\_\_\_\_\_ I received accommodations for a bar examination in the following jurisdiction(s):

Describe accommodations in each jurisdiction.

- D. If you have never previously requested accommodations for your disability in an educational, testing, or licensing setting, please explain why.

- E. Please indicate below whether you have received accommodation for your disability in an employment setting. If yes, provide the name, address, email address, and phone number of any employer from whom you received accommodation and provide a detailed description of any accommodation received. In addition, provide a Form D: Certificate of Accommodations in Employment Setting from each employer from whom you received accommodation.

- F. If you have never requested accommodation for your disability in an employment setting, please explain why.

- G. Please indicate below whether you have ever requested accommodation for your disability in any setting and had your request denied. If yes, provide the name and address of any entity to which the request was made, the date of the request, a detailed description of the accommodations requested, and a description of the basis on which your request was denied.

\_\_\_\_\_ I have not made a request for accommodation that was denied.

\_\_\_\_\_ I have made one or more requests for accommodation that was denied.

If you answer that you have had one or more request denied, then for each such request, specify name and address of entity to which each request was made.

Specify date of request

Describe NTA requested

Describe basis on which request was denied

- H. Optional Personal Statement. Personal statements are intended to offer additional information from the applicant’s perspective and may include details such as onset of disability, impact of the disability in prior settings, functional limitations specific to the conditions of the bar examination; use of coping strategies; accommodations utilized in prior settings, an explanation as to why requested accommodations have not been used in prior settings; other accommodations previously received that have not already been discussed, and/or additional information relevant to the requested accommodations.

6. Acknowledgment and Certification

I understand that my request for NTA will not be considered by the Board of Admissions unless and until I file a fully completed Form A: Applicant Request for Nonstandard Testing Accommodation, a fully completed Form B: Qualified Professional Disability Verification, a fully completed and executed Form E: Authorization to Release and Exchange Information form, and ALL other required forms and supporting documents from third parties. All such forms and documents are part of my application to take the bar examination and must be filed simultaneously with the balance of the paper portion of such application in accordance with applicable examination filing deadlines and subject to corresponding application fees. NTA forms and material filed after the final late filing deadline will not be considered for the pending bar exam.

I understand that it is my responsibility to ensure that the Form B: Qualified Professional Disability Verification, and all necessary supporting documents are properly completed and timely returned to me for filing. I understand that it is my responsibility to ensure that all required Forms C: Certificate of Previous Nonstandard Testing Accommodation and all required Forms D: Certificate of Nonstandard Accommodation in Employment Setting are properly completed and timely returned to me for filing. I also understand that the unavailability or failure of an authority, entity, or employer to comply with these requirements will not under any circumstances result in the extension of a filing deadline or the waiver of applicable filing fees.



I understand that I must provide any additional information or documents requested by the Board and/or its consultants, and that failure to do so may result in my request being denied.

I hereby certify that to the best of my knowledge the information submitted in this Applicant Request for Nonstandard Testing Accommodations is true and complete.

If I am accorded NTA that includes a deviation from the standard testing schedule, I hereby certify that prior to my completion of the Illinois bar examination I will not communicate with any person about any aspect of the examination, view any portion of the examination in advance, or in any other manner seek or convey information concerning the contents of, or answers to, the examination.

I hereby certify that the foregoing application, required forms, and required documents, are complete and accurate.

Signature of Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Execution \_\_\_\_\_