

Illinois Board of Admissions to The Bar
625 S College Street
Springfield IL 62704

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 or materials filed after an applicant has paid the application filing fee and filed the electronic and paper portions of his or her application must be accompanied by any additional filing fee required at the time the NTA forms or materials are filed. 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 be considered only in connection with the next succeeding examination.

Any diagnosis or injury occurring after the final late filing deadline will NOT be accommodated in Nonstandard Testing under any circumstances. The forms and fees of those applicants will be carried forward to the next examination when proper and complete verification of accommodations requests can be made.

All requests for nonstandard testing accommodations are submitted to an independent consulting expert of the Board for review and recommendation. After the final late filing deadline, there is simply not sufficient time for applicants to file proper NTA requests, to request and submit all of the proper forms from providers, employers and educational institutions, and then for the Board's consulting experts to review all documentation and make recommendations.

1. Examination for which you are currently applying

July February of 20

2. General Information

Applicant name

Social Security Number

Street address

City, state, zip

Email address

Daytime phone number

Cell phone number

Home phone number

Check all that apply:

- I am requesting NTA based on a disability
 I am requesting additional time for nursing

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 physical or mental impairment that is the basis of your request for NTA.

C. Explain how your disability affects your daily life, education, work, and ability to take the bar examination under standard testing conditions.

D. Provide the name, complete address, email address, phone number, and fax number of each medical or psychological authority who is providing a Certificate of Medical or Psychological Authority in support of your request for NTA.

4. Accommodations requested for the Illinois bar examination

Please note: The use of a computer to answer the essay portions of the exam is not considered a nonstandard accommodation in Illinois. All applicants have the option of using their personal laptop computers by registering to participate in the laptop program. All applicants, including NTA applicants, who wish to use their laptop computers, must register for the laptop program. Please also note that the Board will not permit the use of a spell check function unless the applicant timely checks the Spell check function box below, his or her diagnosing authority timely recommends spell check on the basis of a properly diagnosed and documented disability, AND the applicant is approved for spell check by a consulting expert of the Board.

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

Use of specialized computer software

Describe

Spell check function

Large print test questions

Select: 18 point or 24 point

Audio taped test questions

Braille test questions

Wheel chair accessibility

Testing conditions that attenuate visual and auditory distraction

Written version of spoken instruction

Services of a reader provided by the Board

Services of a scrivener provided by the Board to transcribe essay answers

Services of a scrivener provided by the Board to mark MBE answers

Use of a visual aid or apparatus

Describe aid or apparatus

Other

Specify and provide detailed description

Additional testing time. Specify the amount of additional testing time requested for each session of the examination.

MPT and MEE: 25% 33% 50% Other

Specify

MBE: 25% 33% 50% Other

Specify

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 recommendation.

I am not requesting additional testing time.

I am requesting additional testing time, but not 4 days.

I am requesting as much as 50% additional testing time and believe myself entitled on the basis of disability to test over the course of 4 days.

Provide a detailed explanation of the basis for your request.

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

5. Nonstandard accommodations previously provided for your disability

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

No such NTA requested or received

Graduate school (other than law school)

Describe NTA

Law school

Describe NTA

Elementary/Middle/junior high school

Describe NTA

High school

Describe NTA

College

Describe NTA

Other

Specify

Describe NTA

B. Please indicate below whether and, if so, where you received NTA for any standardized, licensing, or post-secondary entrance examinations. Check all that apply and provide a detailed description of any NTA received. In addition, provide a Certificate of Nonstandard Educational, Testing, or Licensing Accommodation from each testing entity and educational institution at which you were permitted NTA.

No such NTA requested or received

GMAT

Describe NTA

SAT

Describe NTA

LSAT

Describe NTA

ACT

Describe NTA

MPRE

Describe NTA

GRE

Describe NTA

Other

Specify

Describe NTA

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

- I have not requested or received NTA for any bar examination outside Illinois
- I received NTA for bar examination in the following jurisdiction(s)

Describe NTA in each jurisdiction

D. If you have never requested NTA for your disability in an educational, testing or licensing setting, please provide a detailed explanation of your reasons for not doing so.

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 Certificate of Accommodation 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 provide a detailed explanation of your reasons for not doing so.

G. Please indicate below whether you have ever requested nonstandard 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 NTA requested, and a description of the basis on which your request was denied.

- I have not made a request for nonstandard accommodation that was denied.
- I have made a request for nonstandard accommodation that was denied.

Specify name and address of entity to which request was made

Specify date of request

Describe NTA requested

Describe basis on which request was denied

6. Acknowledgment and Certification

I understand that my request for NTA will not be considered by the Board of Admissions unless and until a I file a fully completed Applicant Request for Nonstandard Testing Accommodation, including a fully completed Certificate of Medical or Psychological Authority, a fully completed and executed Authorization to Release and Exchange Information form for each medical and psychological authority who has completed a Certificate of Medical or Psychological Authority on my behalf, 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 or materials filed after I have paid the application fee and filed the electronic and paper portions of my application must be accompanied by any additional filing fee required at the time such NTA forms or materials are filed. NTA forms and materials filed after the final late filing deadline will be considered only in connection with the next succeeding bar exam, rather than the bar exam for I am otherwise registered.

I understand that it is my responsibility to ensure that the Certificate(s) of Medical or Psychological Authority, all necessary supporting documents, and the current CV of each authority are properly completed and timely returned to me for filing. I understand that it is my responsibility to ensure that all required Certificates of Nonstandard Educational, Testing, or Licensing Accommodation and all required Certificates 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 required by the Board and/or its impartial consultants.

I hereby certify that to the best of my knowledge the information submitted in this Applicant Request for NTA 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 form, and supporting documents, are complete and accurate.

Date of execution

Signature of applicant