

Illinois Board of Admissions to the Bar  
625 South College Street  
Springfield, IL 62704  
Telephone: 217-522-5917  
Fax: 217-522-3728; 9327

## FORM B: QUALIFIED PROFESSIONAL DISABILITY VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the Illinois Bar Examination for you on the basis of a disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name: \_\_\_\_\_

Date(s) of evaluation/treatment: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Illinois Board of Admissions to the Bar or consultant(s) of the Illinois Board of Admissions to the Bar.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE TO QUALIFIED PROFESSIONALS: The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. The Illinois Board of Admissions to the Bar generally requires documentation from a qualified professional who has sufficiently recent knowledge of the applicant's condition and current level of functioning. A determination of whether the qualified professional's knowledge of the applicant is sufficiently recent may vary depending on multiple factors, e.g., the nature of the disability, the most recent examination date, the course of impairment, and the standard of practice. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant. The Illinois Board of Admissions to the Bar may forward this information to one or more qualified, independent experts for an impartial review and recommendation.

Type or legibly print your responses to the items below. Return this completed form, the comprehensive evaluation report, and/or relevant records to the applicant for submission to the Illinois Board of Admissions to the Bar.

1. Please provide your name, address, email address, phone number, fax number, occupation and license or verification information. Please describe your professional qualifications (terminal degree, clinical specialty, licensure, etc.) and experience to diagnose the applicant's condition, verify current impairment, and to recommend nonstandard testing accommodations.

2. Advise the date(s) on which you examined the applicant. Briefly describe your role in the applicant's care as it relates to the disability that serves as the basis for your recommendation for nonstandard testing conditions (e.g, evaluative role, consultant, treatment provider).

3. Describe the nature and severity of the applicant's impairment and discuss the impact of the impairment on the applicant's ability to take the bar examination under standard testing conditions. Include a discussion of the age of onset, course of illness, and description of symptom frequency, intensity, and duration.

4. Provide a concise description of the applicant's diagnosis. Please include the specific diagnosis according to the current edition of the *DSM (Diagnostic and Statistical Manual of Mental Disorders)* or *ICD (International Classification of Diseases)* and a diagnostic formulation that relates the applicant's history and current symptoms and clinical or empirical findings to the published diagnostic criteria.

5. List the tests, studies and/or procedures used to diagnose the physical or mental impairment and attach a copy of all pertinent medical or psychological records, including results of laboratory studies, diagnostic tests, and clinical procedures used to determine the presence and severity of impairment. In the case of psychological, psychoeducational, or neurophysiological testing, please attach all empirical data (age-based standard scores and percentiles) and psychological reports that include an interpretation of test findings and diagnostic conclusions pertinent to the impairment.

6. Advise with specificity the nonstandard testing accommodations you recommend for the applicant. Explain in detail how each accommodation relates to the applicant's physical or mental impairment and why each accommodation is needed. In each instance, support your recommendation with specific test results or clinical observations. If your recommendation includes an extension of the customary examination time, SPECIFY the amount of extra time recommended on each segment of the examination and describe your rationale for the amount of time recommended.

Date of Execution: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Description of the Illinois Bar Examination**

The Illinois bar examination is a timed, 2-day examination. The standard applicant appears in person and is seated in a large room with the ability to get up during certain sections of the exam.

On the first day, standard applicants use their laptop computers to type essay answers. The essay answers are in two formats. For the first three hours of the morning session, they complete two Multistate Performance Test (MPT) tasks (which is a skills-based essay). There is a one-hour break for lunch. During the afternoon session, applicants spend 3 hours total answering 6 essay questions.

On the second day, standard applicants answer 200 multiple choice questions posed on the standardized Multistate Bar Examination (MBE). This exam is administered on paper via a scantron sheet. The morning session is three hours, followed by a one-hour break for lunch. The afternoon session is three hours.