

Office of Attorney Admissions
Kansas Judicial Center, Room 374, 301 SW 10th Avenue, Topeka, KS 66612

To: Applicants seeking Testing Accommodations for the Kansas Bar Examination

The Kansas Board of Law Examiners is committed to providing reasonable testing accommodations to applicants with disabilities and breast feeding mothers, consistent with state and federal law. The bar exam is designed to test the knowledge and skills necessary for one who seeks admission to the practice of law. A qualified applicant with a disability who is otherwise eligible to take the examination, but who cannot demonstrate under normal testing conditions that he or she possesses the knowledge and skills to be admitted to the Bar in the State of Kansas, may request reasonable testing accommodations. The burden of proof is on the applicant to demonstrate the need for accommodations.

The Board is authorized to make reasonable modifications in any practices which might otherwise deny equal access to individuals with disabilities. Supreme Court Rule 711 states in part: "The Board may, upon favorable review of the non-standard testing application, modify the manner in which the examination is administered to an applicant while maintaining the security and integrity of the examination."

Every applicant who wishes to be considered for reasonable testing accommodations by the Board must complete the attached application and submit by November 1st for February examinations or April 1st for July examinations. The application will then be reviewed and an appointment will be made for a personal interview. Attorney Admissions will not accept incomplete testing accommodation applications. Missing documentation or improper documentation is grounds for the application to be considered incomplete. No accommodations will be granted to applicants who fail to complete the application and supply the Board with the required documentation.

Kansas Board of Law Examiners

April 2015

Application for Non-Standard Testing Accommodations for the UBE

Instructions and Checklist of Materials

The following application for reasonable testing accommodations consists of the following documents:

- Application - 3 pages
- Testing Accommodations Granted Form (FORM A) - 1 page
- Reasonable Testing Accommodations Disability Documentation (FORM B)- 2 pages
- Reasonable Testing Accommodations Supplemental Documentation for Learning Disabilities (FORM C) - 2 pages
- Reasonable Testing Accommodations Supplemental Documentation for AD/HD (FORM D) - 2 pages

Every applicant who is seeking reasonable testing accommodations must complete the application, Form A, and Form B. Applicants with a learning disability are required to complete Form C; applicants with AD/HD are required to complete Form D. Forms C and D are supplemental to the required forms.

The application and all forms to be submitted are not considered complete by the Board unless the required documentation is attached with the form. Interviews will not be scheduled until all applicable forms are complete.

Filing deadlines for those who wish to be considered for reasonable accommodations are November 1st for all February Bar Examinations and April 1st for all July Bar Examinations.

Contact Attorney Admissions at 785-296-8410 with questions regarding this application.

Application for Non-Standard Testing Accommodations for the Uniform Bar Examination

Full Legal Name: _____ Docket No.: _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____
(Street)

_____ (City) (State) (Zip Code)

Telephone No.: Home _____ Work _____

1. Nature of Your Disability (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Hearing Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Psychiatric Disability | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Breast Feeding Mother | <input type="checkbox"/> Other (specify in the box below) |

2. Clinical name of the disability for which you are seeking special accommodations.

3. When was your disability first diagnosed by a qualified professional? _____

Name of professional who first diagnosed disability: _____

Type of health care provider: _____

Current Address: _____

Current Phone Number: _____

4. This diagnosis was most recently confirmed or reassessed _____ by:
(month/year)

Name of professional: _____

Type of health care provider: _____

Current Address: _____

Current Phone number: _____

5. If the qualified professional who currently treats you is different than the professional listed in Question 4, you will need to provide the name, address and profession of that individual.

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Prior Accommodations Received

6. Please indicate every setting in which you have received special accommodations:

	Received	Did not Receive
Law School	_____	_____
LSAT	_____	_____
MPRE	_____	_____
Other Bar Exams	_____	_____

For every setting in which you have received accommodations, a **Testing Accommodations Granted** form must be completed. That form can be found with the additional required forms following page 4 of the application. If the institution is unable to complete the form, a letter from the institution may be substituted **if** it contains all the information requested in the form.

Accommodations Requested

7. Please indicate below the nature of the accommodations you are requesting and the portion of the exam for which those accommodations are requested:

Accommodation	Essay	MBE
Large Print 18 pt. ___ 24 pt. ___		
Braille		
Audio Tape		
Typewriter		
Computer & Printer		
Separate Room		
Additional Time		
Other (specify on additional sheet)		

8. If seeking additional time, please specify the amount of additional time requested for each section of the exam.

Examination	Additional Time Requested
Multistate Performance Test (AM Session)	
Multistate Essay Examination (PM Session)	
Multistate Bar Examination (AM Session)	
Multistate Bar Examination (PM session)	

9. If requesting to be allowed to bring special equipment not listed in question 7 or to have personal items in the testing room, list all items and their intended purpose. Only items approved by the Board will be allowed in the testing room.

Personal Statement

In order for the Board to better assess your disability, please provide in the space below a personal statement describing how your disability impacts your daily life and your ability to function in an academic/test taking situation.

I certify that all the information on this form and all additional documentation provided is

true and correct to the best of my knowledge and belief. I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.

Signature

Date

TESTING ACCOMMODATIONS GRANTED

_____ has requested reasonable accommodations for the

(Applicant Name)

Uniform Bar Examination. A statement from each school or testing authority where the applicant has received accommodations is required as part of the application for accommodations. Please complete the form below and return to the applicant so that it may be submitted with his or her completed application.

Name of School/Testing Authority: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

The above-named individual was granted accommodations for the following disability(s):

Describe the testing accommodations.

Please indicate for what period of time or specific examination the accommodations were granted.

Was medical documentation or documentation from a qualified professional provided when the accommodation was first requested? _____

What documentation was provided?

Signature

Name (Print)

Title

Date

REASONABLE TESTING ACCOMMODATIONS DISABILITY DOCUMENTATION

A physician or other qualified professional in the field related to the applicant's disability must complete this form. The Kansas Board of Law Examiners requires current documentation. Current is defined as no more than three years old. This form must be submitted with the completed application for accommodations.

Physician OR Qualified Professional Information

(Please Type or Print Legibly)

Name: _____

Occupation, Title & Specialty: _____

License or Certification Number: _____

Address: _____

Telephone Number: _____

Applicant's Name: _____

1. Please describe your credential(s) which qualify you to diagnose and/or verify the applicant's disability and to recommend an accommodation.

2. What is the specific diagnosis of the condition or impairment that requires the applicant to request testing accommodations?

3. Briefly describe the nature of the condition or impairment and describe how it affects the applicant in a test situation.

4. Current treatment consists of:

5. Length of treatment with applicant: _____
Date of last treatment/consultation: _____

6. Is this a permanent condition? _____

7. **If the condition/disability is not of a permanent nature, please explain.**
8. **In what way does the condition/disability prevent the applicant from taking the examination under standard testing conditions? (A testing room with 200 -300 applicants; two three-hour sessions of essay questions on day one and two three-hour sessions of standardized multiple choice questions on day two.)**
9. **Given the applicant's condition/disability and your diagnosis, what testing accommodations do you recommend? Check all that apply.**
- Large Print 18 pt. _____ 24 pt. _____ ; Braille _____ ; Audio Tape _____ ;
Typewriter _____ ; Computer & Printer _____ ; Separate Room _____ ;
Additional Time _____ ; Other (be specific): _____
10. **If additional time is recommended, please indicate for which type of examination.**
Essay: _____ ; Multiple Choice: _____
11. **How will the accommodations requested compensate for the disability?**

Provide copies of all tests used for diagnosis, reports, chart notes, or other written documentation supporting or explaining this diagnosis of disability and/or recommendation for accommodations.

I certify that all the information on this form and all additional documentation provided by my office is true and correct to the best of my knowledge and belief.

Signature of Physician or Qualified Professional

Name (Print)

Date

I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.

REASONABLE TESTING ACCOMMODATIONS SUPPLEMENTAL DOCUMENTATION FOR LEARNING DISABILITIES

A physician or other qualified professional in the field related to the applicant's disability must complete this form. The Kansas Board of Law Examiners requires that an applicant with a specific learning disability must have been identified by a psycho-educational assessment process that includes data from both cognitive and achievement measures listed below. Test results should:

- Have been administered or reconfirmed within the last three years;
- Identify normative academic skills deficit(s);
- Identify normative information processing deficit(s);
- Certify that the applicant's intellectual ability is within the normal range of functioning or higher.

Applicant's Name: _____

Nature and extent of impairment:

Summary of diagnosis:

What is the academic and developmental history of the disability? (Attach assessment summaries or other relevant documentation.)

Were other diagnoses or conditions ruled out as the primary cause of academic skills deficits (e.g. anxiety, psychological disturbance, etc.)? Yes No

Indicate below which specific tests were used in the psycho-educational assessment. Attach a copy of the completed report with this document.

Tests of Cognitive Ability and Processes:

- Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)
 Wechsler Memory Scale-Third Edition (WMS-III)
 Woodcock-Johnson Tests of Cognitive Ability (WJ III COG)
 Kaufman Adolescent and Adult Intelligence Test (KAIT)
 Other Tests, please specify: _____

Tests of Achievement:

- Woodcock-Johnson Tests of Achievement III (WJ III ACH)
 Woodcock Diagnostic Reading Battery (WDRB)
 Woodcock Reading Mastery Tests-Revised/Normative Update (WRMT-R/NU)

How will this condition be ameliorated by the recommended test accommodation?

The completed form should be returned to the applicant so he or she may submit it with the completed application for reasonable accommodations.

I certify that all the information on this form and all additional documentation provided by my office is true and correct to the best of my knowledge and belief.

Signature

Name (Print)

Title

Date

I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.

**REASONABLE TESTING ACCOMMODATIONS
SUPPLEMENTAL DOCUMENTATION FOR AD/HD**

A physician or other qualified professional in the field related to the applicant's disability must complete this form. The Kansas Board of Law Examiners requires that an applicant with an Attention Deficit/Hyperactivity Disorder (AD/HD) must have been identified by a Comprehensive Diagnostic Evaluation Report that addresses all of the points specifically inquired about in the summary questions below. The evaluation should:

- Have been completed or updated within the last three years;
 - Follow full, standard DSM-V diagnostic criteria for AD/HD determination;
 - Provide evidence that diagnosis does not rely solely on self-report in establishing developmental history, current symptoms and evidence of impairment.
-

Applicant's Name: _____

Summary of diagnosis: AD/HD predominantly inattentive type
 AD/HD hyperactive/impulsive type
 AD/HD combined type

What are the predominant current symptoms of AD/HD that cause academic impairment?

Does the applicant have a developmental history of AD/HD and how was this determined?

What external validation (record review, interviews) supports self-report of AD/HD symptoms and impairment determination?

Does the applicant suffer from other conditions that impact AD/HD symptoms?
 ___ Yes ___ No

What other conditions were ruled out as alternative explanations for applicant's academic difficulty?

Was psychological/neuropsychological testing performed? ___ Yes ___ No
If "yes," submit copies of the test(s) and conclusion(s).
Did the results support the described impairment? ___ Yes ___ No

If testing was not done, why was it not considered necessary?

Is the applicant being treated with medication for this condition? ____ Yes ____ No
If so, what are the beneficial effects of treatment?

If not being treated, how was the decision made?

Please submit copies of the Comprehensive Diagnostic Evaluation Report, psychological/neuropsychological test findings relevant to AD/HD diagnosis, and all additional evaluations from the past that provide additional evidence regarding the applicant's history of diagnosis and treatment.

The completed form should be returned to the applicant so he or she may submit it with the completed application for reasonable accommodations.

I certify that all the information on this form and all additional documentation provided by my office is true and correct to the best of my knowledge and belief.

Signature

Name (Print)

Title

Date

I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.