

FORM A
REASONABLE TESTING ACCOMMODATIONS

All required forms and evaluations MUST be submitted at the time your application for admission is filed. There are no exceptions to this requirement.

QUESTIONNAIRE

To be completed by all applicants who request reasonable testing accommodations.

NOTE: This form is part of the Application for Admission to the New Mexico State Bar. The applicant is responsible for completeness and accuracy of the information provided. If you are requesting a reasonable test accommodation, this form must be completed and returned with your Application for Admission.

(Please type or print legibly)

Applicant Name:

Exam Date:

Social Security Number:

Address:

Phone Number:

Email:

Reason for accommodation (check all that apply):

- Blind
- Visually impaired
- Hearing impaired
- Other physical disability
- Psychological disability
- Specific learning disability
- Nursing mother

My condition is:

Describe the nature and extent of your disability or condition:

How long have you had your disability or condition?

Past accommodations granted:

- YES
- NO

If your request is based on disability:

Were you in a specific school or program to accommodate your disability?

- YES
- NO

Did you receive accommodations for classroom tests?

- YES
- NO

Did you receive additional testing time for classroom tests?

- YES
- NO

Were you granted testing accommodations for taking the LSAT or MPRE?

- YES
- NO

Were you granted accommodations for another state's bar exam?

- YES
- NO

If yes, list the state(s), date(s), and accommodations received:

Please describe the accommodations you were given during law school, at the MPRE or LSAT, or other bar exam:

Please describe any additional accommodations you were granted while in college and/or law school:

For all accommodation-seekers:

Requested accommodations (check all that apply):

- Braille version of test
- Large print test book 18 point 24 point
- Audio cassette version of test
- Use of tape recorder
- Use of reader
- Use of transcriber
- Private room for expressing milk and secure storage of equipment
- Other:

Additional testing time. Please specify amount of additional time requested for each part of the exam.

- Written exam (essay and multistate performance test questions):
- Multistate exam (multiple choice questions):

Applicant's Signature

I understand that the information on this form is true and correct and that it may be reviewed by a physician or licensed professional.

Signature: _____

Date:

FORM B
REASONABLE TESTING ACCOMMODATIONS

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DISABILITY DOCUMENTATION
To be completed by a physician or licensed professional.

NOTE: The New Mexico Board of Bar Examiners requires current documentation (within the last three years) from a licensed physician or professional in the field related to the applicant's disability or condition. The applicant must return this form with his/her completed Application for Admission to the New Mexico State Bar.

(Please type or print legibly)

Physician or licensed professional:

Name:

Title:

License/Certification Number:

Address:

Phone number:

Re: Applicant's Name:

Please describe your credentials which qualify you to diagnose and/or verify the applicant's disability and/or condition and to recommend an accommodation:

What is the specific diagnosis, condition, or physical impairment that requires testing accommodations?

Briefly describe the nature of the condition and describe how this condition affects the applicant.

Current treatment consists of:

Last date of treatment/consultation with applicant:

Length of time treating applicant:

Is this a permanent condition/disability?

- YES
 NO

If no, when is the condition/disability likely to abate?

In what way does the condition/disability affect the applicant's ability to read, write and/or concentrate for extended periods of time?

Based on the person's condition/disability and your diagnosis, what testing accommodations would you recommend? (Check all that apply).

- Braille version of test
 Large print test book 18 point 24 point
 Audio cassette version of test
 Use of tape recorder
 Use of reader
 Use of transcriber
 Private room for expressing milk and secure storage of equipment
 Other:

Additional testing time. Please specify amount of additional time requested for each part of the exam.

- Written exam (essay and multistate performance test questions):
 Multistate exam (multiple choice questions):

Please explain how the recommended accommodation relates to the disability:

Do you have written evaluations on the applicant's disability/condition?

YES

NO

If yes, please attach copies of the evaluation(s).

Please complete FORM C for learning disability requests.

I certify that all the information on this form and that attached hereto is true and correct to the best of my knowledge and belief. I understand this information may be reviewed by a physician or licensed professional retained by the New Mexico Board of Bar Examiners to assist in determining reasonable testing accommodations.

Signature: _____

Print Name:

Date:

FORM C
REASONABLE TESTING ACCOMMODATIONS

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SUPPLEMENTAL DOCUMENTATION FOR LEARNING DISABILITIES
To be completed by a licensed professional.

An applicant with a specific learning disability must have been identified by a psycho-educational assessment process which includes data from both cognitive and achievement measures listed below. Testing must also:

1. have been administered within the last three years;
2. identify an information processing deficit;
3. certify that the applicant's aptitude is within the normal range;
4. identify an aptitude-achievement discrepancy of 1.5 standard deviations.

(Please type or print legibly)

Name (Licensed Professional):

Name (Applicant):

Nature and extent of impairment:

Summary of diagnosis:

What tests were used to identify the learning disabilities? Include the date the test was completed.

- 1.
- 2.
- 3.
- 4.

5.

A score report for each completed test must be attached to this form.

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

I certify that all the information on this form and that attached hereto is true and correct to the best of my knowledge and belief. I understand this information may be reviewed by a physician or licensed professional retained by the New Mexico Board of Bar Examiners to assist in determining reasonable testing accommodations.

Signature: _____

Print Name:

Date:

FORM D

All required forms and evaluations MUST be submitted at the time your application for admission is filed. There are no exceptions to this requirement.

LAW SCHOOL STATEMENT REGARDING TESTING ACCOMMODATIONS GRANTED

Applicant Name:

The above named applicant received special testing accommodations during the administration of exams at this school for the following disability(s):

during the following periods:

The testing accommodations provided are as follows:

Essay Exams:

Multiple Choice Exams:

Comments:

Signature: _____ **Date:**

Name:

Title:

Law School:

Telephone number: