

MAINE BOARD OF BAR EXAMINERS  
P. O. BOX 140  
AUGUSTA, ME 04332-0140



Phone: 207-623-2464  
Fax: 207-622-0059  
www.mainebarexaminers.org

## TESTING ACCOMMODATIONS APPLICATION AND INSTRUCTIONS

### Definition:

Testing accommodations means an adjustment or modification of the standard testing conditions that ameliorate the impact of the applicant's disability on his or her performance on the examination. Accommodations may be provided when they do not impose an undue administrative or financial burden on the Board, compromise the security, validity or reliability of the examination, or provide an unfair advantage to the applicant with the disability.

### Introduction:

The Maine Board of Bar Examiners ("the Board") provides reasonable testing accommodations to applicants with disabilities. The extent of the accommodations provided, if any, will be consistent with the nature and purpose of the examination, and will be provided only to the extent necessitated by the applicant's disability, as determined by the Board.

**The burden of proof is on the applicant to establish the existence of a disability and to establish the need for and efficacy of specific testing accommodations.** All requests for testing accommodations are evaluated on a case-by-case basis.

An applicant will be considered disabled and potentially eligible for testing accommodations if he or she has a physical or mental disability. Please note that unsatisfactory performance on standardized tests, in and of itself, does not necessarily constitute evidence of a disability. Similarly, evidence that an applicant received "lower than expected" grades in school when considering the applicant's scores on an intelligence test also does not necessarily, in and of itself, establish that the applicant is disabled.

Even if an applicant demonstrates that he or she has a disability, the applicant may not be entitled to testing accommodations. The applicant must also demonstrate that the specific accommodations requested are necessary to, and will, mitigate the impact of the applicant's disability on his or her ability to take the bar examination. The goal of testing accommodations is not to maximize the applicant's performance, but to ameliorate the limiting impact of any disability on the applicant's performance.

**Application Instructions:**

You must submit the following documentation in order for the Board to consider your request for testing accommodations:

1. The Testing Accommodations Application form;
2. A personal statement, describing the manner in which your disability impacts your daily activities, as well as its specific impact on your ability to take the Maine Bar Examination;
3. All documentation relating to testing accommodations you have received in the past, including the results of any standardized tests for which you received testing accommodations, and transcripts from educational institutions at which you were granted testing accommodations; and
4. Any other documentation you wish the Board to consider in determining whether you should be granted testing accommodations.

In addition, you are responsible for ensuring that the following medical or other information is submitted directly to the Board from a physician or licensed professional in the field related to the applicant's disability (hereinafter "physician"):

1. A written statement from your physician documenting your disability, its impact on your ability to perform your daily activities, its impact on your ability to take the Maine Bar Examination, and the medically-necessary testing accommodations he or she recommends. Your physician must also detail how the recommended accommodations will ameliorate the impact of your disability on your ability to take the Maine Bar Examination; and
2. All documents on which your physician bases his or her diagnosis and opinion regarding your disability and the need for testing accommodations, including copies of all clinical assessments and testing results.

Please note that a bare statement of diagnosis along with a conclusory statement that testing accommodations are required will not be sufficient. Your physician must provide an opinion regarding your limiting condition, its disabling impact on your functioning **and** your ability to take the bar examination, the testing accommodations recommended, and the reason for each type of accommodation requested. In particular, if your physician recommends that you receive additional time for taking the examination, he or she must explain the reason for that request, and describe in detail the specific link between your documented limitations and the need for additional time. Your physician must also submit all test scores supporting his or her diagnosis and the specific testing accommodations recommended. Required documentation includes not only numerical test results, but all reports summarizing and explaining those results.

The Testing Accommodations Application must be an original (copies will not be accepted). Applicants must complete each section of the application; otherwise, your application will be deemed incomplete and will be returned. Please be sure to list exactly what accommodations you are requesting (be very specific). The Board has no way of knowing what accommodations you believe you need unless you specifically describe them.

**REAPPLICANTS:** If you have submitted an application for accommodations within the past two years, and were granted accommodations, you are only required to submit the Testing Accommodations Application, along with a statement that you are requesting the same accommodations that were granted in the past. However, if you are requesting additional or different accommodations, you must submit all documentation in support of that request.

The medical documentation submitted in support of your request for accommodations can be no more than two (2) years old (5 years for permanent physical disabilities). If the documentation you and your doctor have is more than two years older than the date of the application, you will need to submit current documentation. This can be provided in the form of an addendum to original evaluations that were previously performed. Without current information, the Board may not be able to appropriately evaluate your request for accommodations, and your request may be denied.

You may be required to submit to diagnostic testing by an independent doctor or specialist chosen by the Board, and you will be notified if this is required. Accordingly, the *Authorization and Release* for applicants requesting testing accommodations must be completed, signed, dated and notarized in order to verify information and to facilitate this process. A Board consultant may review requests for accommodations. Please be sure to provide all of the requested documentation regarding your disability. Otherwise, the consultant will not be able to examine the basis for your diagnosis or the rationale for your request, and your request may be denied.

### **Correspondence:**

Inquiries regarding your application or other substantive matters must be in writing. Please do not call the Board office for an update on the status of your pending application. It is recommended that you prepare for the examination as though the accommodations have not been granted, until and unless you are otherwise notified in writing by the Executive Director. You will receive written notice via United States Postal Service (USPS) regular mail of the disposition of your application as soon as a decision is made. If you do not receive a letter from the board office regarding any requested accommodations three weeks prior to the bar examination, you must contact the board office immediately.

### **Filing Deadlines and Instructions:**

Testing Accommodations Applications are available in mid-March (for the July examination) and in mid-October (for the February examination). This allows time for diagnostic testing and medical examinations to be performed to facilitate requests prior to the timely filing deadline. **Applications for accommodations, including all supporting documentation, are due no later than the application deadline for each exam (May 20<sup>th</sup> for the July exam and December 20<sup>th</sup> for the February exam).** You are encouraged to file your completed application and required documentation as early as possible in order to facilitate timely decisions regarding accommodations.

An application for accommodations that is incomplete or otherwise not filed in compliance with these instructions will be returned via USPS regular mail. An application will be deemed incomplete for the following reasons, which are not exhaustive: 1) if any portion of the application is not properly executed; 2) if the application, *Certification Statement*, and/or the *Authorization and Release* is not completed, signed, dated and/or notarized; 3) if any portion of the application and supporting documentation is missing; 4) if any questions are unanswered, incompletely answered or missing any required details; and/or 5) if any other required documentation is not submitted simultaneously with the filing of your application to sit for the bar examination.

**It is your sole responsibility to complete and submit the required documentation in a timely manner according to these instructions.**

Please be advised that the Board is not responsible for the delivery and/or receipt of your application and required documentation. It is recommended that you use an overnight courier (e.g., FedEx, UPS, USPS, etc.) to track the delivery of your documents to the Board's office.

**Requests for Reconsideration:**

If your request for testing accommodations is denied, you may ask the Board to reconsider its decision. Your request for reconsideration must be submitted **no later than five (5) business days** from the date of the Board's written notice that it has denied your request. Within five (5) business days of submitting your request for reconsideration, a supporting statement from your physician detailing the specific rationale for your request must be submitted. Please note that the Board will only consider a request for reconsideration upon submission of additional medical or testing documentation.

The Board will issue its final decision as soon as possible after it receives your request for reconsideration. The Board's decision is final, and will not be reviewed further.

MAINE BOARD OF BAR EXAMINERS  
P. O. BOX 140  
AUGUSTA, ME 04332-0140



Phone: 207-623-2464  
Fax: 207-622-0059  
www.mainebarexaminers.org

### TESTING ACCOMMODATIONS APPLICATION

All applicants requesting testing accommodations, including those applicants who have previously requested and/or been granted accommodations, must complete and submit this application simultaneous with the filing of their application to sit for the bar examination. Additionally, the *Certification Statement* (page no. 5) and the *Authorization and Release* (page no. 6) must be signed, dated and notarized where required. Failure to follow these instructions will result in your request for testing accommodations being returned to you in its entirety. **Note: All correspondence regarding your request will be mailed via USPS regular mail to the address listed on your Application to Sit for the Maine Bar Examination.**

---

Name: \_\_\_\_\_

Telephone Numbers: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

(Check One):

**First-time testing accommodations applicant**

**Reapplicant** (previously requested accommodations for the Maine bar examination.)

---

1. Have you ever requested testing accommodations for any bar examination?  Yes  No

If yes, were the requested accommodations granted?  Yes  No

If yes, please provide the date(s) and jurisdiction(s):

2. Have you ever applied to take a bar examination, but not applied for accommodations:  Yes  No

If yes, please provide the date(s) and jurisdiction(s):

**DISABILITY STATUS**

3. Nature of Disability (list all that apply):
- |  |   |
|--|---|
| <input type="checkbox"/> Hearing Disability  | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> ADD/ADHD               |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Visual Disability      |
| <input type="checkbox"/> Other:              |   |
4. How long ago was your disability first professionally diagnosed?
- less than 1 year     1-2 years     2-4 years     5 or more years

**PREVIOUS ACCOMMODATION(S)**

5. Did you attend a special school/program, receive special education services, or use disabled student services at any time during your educational career (check all that apply)?
- None
- Elementary school (detailed description of programs/services attended or used attached)
- High school (detailed description of programs/services attended or used attached)
- College (detailed description of programs/services attended or used attached)
- Law school (detailed description of programs/services attended or used attached)
- Other (specify): \_\_\_\_\_

6. Did you receive testing accommodations for classroom examinations and/or admissions tests throughout your educational career (check all that apply)?

- |                          |                   |                          |      |
|--------------------------|-------------------|--------------------------|------|
| <input type="checkbox"/> | None              | <input type="checkbox"/> | SAT  |
| <input type="checkbox"/> | Elementary school | <input type="checkbox"/> | ACT  |
| <input type="checkbox"/> | High school       | <input type="checkbox"/> | LSAT |
| <input type="checkbox"/> | College           | <input type="checkbox"/> | MPRE |
| <input type="checkbox"/> | Law school        | <input type="checkbox"/> | GMAT |
| <input type="checkbox"/> | Other (specify):  |                          |      |

Describe the specific accommodations granted for each educational level/standardized test in detail:

**NOTE: You MUST provide copies of test scores, and supporting documentation for any accommodations that you have received. If you did not receive accommodations, you may still want to provide copies of test scores for review. You MUST provide transcripts from undergraduate and law school if the nature of your disability is a learning disability, psychiatric disability, or ADD/ADHD.**

**TESTING ACCOMMODATIONS REQUESTED** (See instructions for required documentation. Attach additional pages as needed.)

7. Do you request the use of auxiliary aids and services?  Yes  No

If yes, check all that apply:

- accessible testing site
- reader as accommodation for visual impairment
- court reporter to dictate answers to essay questions
- assistance completing MBE answer sheet
- alternate version of the test (check all that apply):

- audio tape
- Braille
- large print
- other (be specific):

**Note:** You may be required to provide your own auxiliary aids if the accommodation request is approved. (Example: special chairs, tables, foot stools, additional lighting equipment, magnifying items, lumbar support, writing devices, etc.)



8. Do you request extra time to take the bar examination?     Yes         No

If yes, your medical/professional authority must provide the rationale for the additional time and indicate whether the time requested is for testing or breaks. Requests for unlimited time are not a reasonable accommodation.

**Select:**

Essay (including MPT)                50%     other (please specify)  
MBE:                                        50%     other (please specify)

**and**

- I will use the additional time for testing  
 I will use the additional time for breaks only  
 other (be specific)

**NOTE: If your request for testing accommodations is approved, you will be tested in an area with other applicants receiving similar accommodations.**

MAINE BOARD OF BAR EXAMINERS  
P. O. BOX 140  
AUGUSTA, ME 04332-0140



Phone: 207-623-2464  
Fax: 207-622-0059  
www.mainebarexaminers.org

**TESTING ACCOMMODATIONS CERTIFICATION STATEMENT**

I am aware that it is my responsibility to file a complete Testing Accommodations Application, and I understand that it will be returned to me if found to be incomplete, untimely or otherwise not filed in compliance with the instructions. I have attached all original supporting documentation to this application.

I certify that the information contained herein is true and correct to the best of my knowledge and belief.

I understand that the full and correct completion of this application is a pre-requisite for the Board of Bar Examiners' consideration of my application for testing accommodations. I hereby certify that all of my answers are true and complete. I am aware that if any answers are omitted or false, it may prejudice my examination results, admission to the bar of the State of Maine, my subsequent good standing as a member of the bar, and that I may be subjected to such penalties as provided by law. I further certify that I have read the foregoing application and the facts stated therein are true and complete to the best of my knowledge and belief.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City & State)

\_\_\_\_\_  
(Signature of Applicant)

**NOTE: THIS PAGE MUST BE SIGNED AND DATED, ONLY IF YOU ARE APPLYING FOR TESTING ACCOMMODATIONS.**

MAINE BOARD OF BAR EXAMINERS  
P. O. BOX 140  
AUGUSTA, ME 04332-0140



Phone: 207-623-2464  
Fax: 207-622-0059  
www.mainebarexaminers.org

**TESTING ACCOMMODATIONS AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, in connection with my request for testing accommodations for taking the bar examination, authorize the Board of Bar Examiners (“the Board”) to provide, at its discretion, a copy of any and all documentation submitted in connection with this application and/or my Application To Take Bar Examination to such persons and/or consultants as the Board may deem necessary to adequately evaluate my application for accommodations. If requested by the Board, I further agree to submit to diagnostic testing by an independent physician, therapist, or other professional authority chosen by the Board.

I hereby release, discharge, and exonerate the Maine Board of Bar Examiners, its agents, and representatives and/or any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing, inspection or receipt of such documents, records, and other information, or the investigation made by or on behalf of the Board.

State of \_\_\_\_\_  
County of \_\_\_\_\_

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

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires: \_\_\_\_\_

Seal or stamp must be affixed.

**THIS FORM MUST BE SIGNED AND NOTARIZED, ONLY IF YOU ARE APPLYING FOR TESTING ACCOMMODATIONS.**