



Other physical disability (specify):

\_\_\_\_\_

Psychological disability

Other disability (specify):

\_\_\_\_\_

2. Narrative Description (**REQUIRED**)

Attach a narrative description of the nature and extent of your specific disability or disabilities, when and how it/they were first identified, and how it/they affect your daily life. Please describe the functional limitations related to your disability that directly affect your ability to take the examination.

3. When did you first acquire the disability (approximate date and age)?

\_\_\_\_\_

4. Who was the medical professional (name, occupation, and specialty) who first diagnosed your disability?

\_\_\_\_\_

5. When was the disability first diagnosed by a treating professional (date and age)?

\_\_\_\_\_

6. Are you currently being treated:  YES  NO

If yes, provide the name, qualifications and contact number of your current treating professional.

\_\_\_\_\_

7. What treatment and/or medication are currently being prescribed?

\_\_\_\_\_

8. Are you taking the treatment and/or medication as prescribed?  YES  NO

9. Are the treatment and/or medication effective in addressing or controlling your symptoms?

YES  NO  N/A

If no, explain why not.

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### III. PAST ACCOMMODATIONS

1. Did you receive disabled-student services, tutoring services, and/or testing accommodations in elementary, middle school or junior high school and/or high school?

YES     NO

If yes, provide the name of the school(s) and years attended.

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What was your disability? \_\_\_\_\_

What accommodations did you receive?

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2. Did you receive disabled-student services, tutoring services and/or testing accommodations in college?

YES     NO

If yes, provide the name of the school(s) and years attended.

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What was your disability? \_\_\_\_\_

What accommodations did you receive?

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3. Did you request testing accommodations in law school?

YES     NO

If yes, were they granted?  YES  NO

What was your disability? \_\_\_\_\_

What accommodations did you receive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request was denied, or only partially granted, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you request accommodations to take the LSAT?

YES  NO

What was your disability? \_\_\_\_\_

What accommodations did you receive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request was denied, or only partially granted, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did you request accommodations to take the Multistate Professional Responsibility Examination (MPRE)?

YES  NO

What was your disability? \_\_\_\_\_

What accommodations did you receive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request was denied, or only partially granted, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. When applying for another jurisdiction's bar examination, did you request testing accommodations?

YES     NO

If yes, in addition to responding to the following questions, you must submit a completed Other Jurisdiction's Testing Accommodations Verification form (**Form G**) from each state from which you requested testing accommodations, which must be signed by an official from the bar admission office administering the bar examination in that state.

What was your disability? \_\_\_\_\_

What accommodations did you receive?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request was denied, or only partially granted, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **IV. ACCOMMODATIONS REQUESTED FOR THE LEGAL SPECIALIST EXAMINATION (check all that apply)**

##### **FORMAT**

The Legal Specialist Examination is a timed written examination administered in two sessions. The first session begins at 7:30 a.m. and consists of a 4-hour testing session, plus time for announcements. Next, there is a lunch break of approximately 90 minutes from approximately noon to 1:30 p.m. The second session takes place after the lunch period and consists of a 2½-hour testing period plus time for announcements.

The morning session consists of eight essays. The written portions of the examination are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers. The afternoon session consists of 75 multiple-choice questions. Applicants record their answers by darkening circles using a Number 2 pencil on an answer sheet that is scanned by a computer to grade the examination.

##### **SETTING**

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 600

applicants. Applicants are not allowed to bring food, beverages, or other items into the testing room unless approved as an accommodation. All applicants may bring medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They may leave the examination room only to use the restroom or drinking fountain, within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?

### Alternative Formats

- Audio CD version of the examination
- Electronic version of the Essay questions in Microsoft Word format on CDs for use with screen-reading software
- Other: \_\_\_\_\_

### Personal Assistance

- Dictate to a typist (for written session)
- Reader
- Assistance with multiple-choice answer sheet (Scantron sheet) (choose one)
  - Permission to circle answers in question booklet
  - Permission to dictate answers to proctor
- Dictate to a voice recorder (choose one)
  - Digital voice recorder (for use with flash memory cards)
  - Tape recorder (for use with microcassette tapes)
- Other: \_\_\_\_\_

### Equipment or Facility Requirements

- Computer *as an accommodation* (must have direct nexus to the effects of the disability)
  - with SofTest installed
  - with voice-recognition software (e.g., Dragon Naturally Speaking) installed
  - with screen-reading software (e.g., JAWS) installed
  - with other (specify): \_\_\_\_\_

- Special equipment (specify): \_\_\_\_\_
- Private room
- Semi-private room
- Wheelchair accessibility (if table, specify height): \_\_\_\_\_
- Other: \_\_\_\_\_

Please provide a rationale for each request indicated above (attach additional sheets if necessary):

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**Accommodation of Extra Time**

Specify the amount of **extra time** requested for each session of the examination. Indicate why the specified extra time is needed (based on the diagnostic evaluation), provide the rationale for requesting the amount of time for each test format of the examination, and explain how you arrived at the specific amount of extra time requested. If either the amount of time or your rationale is different for different portions of the examination, please explain. **All requests for extra time must specify the exact amount of extra time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If extra testing time is requested, but the specific amount of extra time is not indicated, the petition will be returned as incomplete.**

**Legal Specialist Examination: Essay Questions 1, 2, 3, 4, 5, 6, 7 & 8 (standard session is 4 hours):** Specify the amount of extra test time needed for this session and provide the rationale:

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**Legal Specialist Examination: Multiple-Choice Questions 1-75 (standard session is 2 hours and 30 minutes):** Specify the amount of extra test time needed for this session and provide the rationale:

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**Explanations:** (attach additional sheets if necessary)

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## CERTIFICATION AND AUTHORIZATION

I am aware that it is my responsibility to file a complete petition, which includes all necessary forms, by the applicable deadline, and I understand that the petition will not be processed if found to be incomplete. I have attached all **original** forms, supporting affidavits and/or documents in legible form. Facsimile, scanned, or other copies are not accepted. All original documents submitted become the property of the California Board of Legal Specialization. I understand that if my petition is not received in the San Francisco Office of Admissions by the final application filing deadline for a particular administration of an examination, it will not be processed for that examination, but for an examination to be administered in the future (the Legal Specialist Examination is only offered in odd years). This is a “received by” deadline and NOT a postmark deadline. There are no exceptions to the deadline.

I understand that it is possible that my petition for testing accommodations and all supporting documents may be referred to one or more expert consultants retained by the California Board of Legal Specialization for review. I authorize such disclosure, and further consent to having a State Bar representative, staff or consultant contact my specialist to discuss the information provided by the specialist and my request for testing accommodations for an examination administered by the California Board of Legal Specialization. I also authorize contact with and release of information by all educational institutions and/or testing agencies that have provided me with testing accommodations and/or are considering a pending application for testing accommodations, to clarify the accommodation(s) that have been granted or will be granted or denied.

I declare under penalty of perjury under the laws of the State of California that the information I have provided in support of my petition for testing accommodations is true and correct. I understand that, if the California Board of Legal Specialization determines that I, or a third party on my behalf, submitted as part of this petition any information or documentation that is false, inaccurate or intentionally misleading, it could result in disciplinary action by the State Bar of California.

I have read and understand and agree to the terms and conditions of this Certification and Authorization.

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*(Applicant Signature)*

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*(Date)*