

FORM A

BAR APPLICANT TESTING ACCOMMODATIONS QUESTIONNAIRE

NOTE: This form is part of the Application for Admission to Practice Law on Examination in South Dakota. It must be complete and accurate. Return the forms with your Application for Admission.

(Please Type)

Background Information

Applicant Name:	_____
Social Security Number:	_____
Address:	_____ _____
Telephone Number:	_____ Exam Date: _____

Nature of Your Disability (Check all that apply)

<input type="checkbox"/> Blind	<input type="checkbox"/> Other physical disability
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Psychological disability
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Specific learning disability

What disability do you have?

Please give a detailed narrative description of the nature and extent of your disability.

Describe the functional limitations related to your disability that directly affect your ability to take the examination.

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

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

By whom (name, address and degree)?

What treatment is currently prescribed?

Past Accommodations Granted

<p>Did you use disabled-student services, tutoring services, or receive special Test accommodations while you were in elementary school? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special Test accommodations while you were in high school? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special Test accommodations while you were in college? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>
<p>Were you granted testing accommodations in law school? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>
<p>Were you granted testing accommodations for taking the LSAT examination? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>
<p>Were you granted testing accommodations for taking the MPRE examination? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>
<p>Have you previously been granted testing accommodations for any other bar exam? If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received.</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Private Room <input type="checkbox"/> Add'l Time <input type="checkbox"/> Other</p>

If you answered "Yes" to any of the above questions, please attach any records or other documentations concerning the diagnosis and the accommodations granted. Medical records or documentation of long-standing accommodations is helpful.

Requested Accommodations

Please check below the accommodation(s) that you believe are necessary for you to take the South Dakota bar examination.

Communications and Alternative Formats			Personal Assistance		
	MPT/MEE	MBE		Essay	MBE
Braille version of test	<input type="checkbox"/>	<input type="checkbox"/>	Typist	<input type="checkbox"/>	<input type="checkbox"/>
Magnifying glass	<input type="checkbox"/>	<input type="checkbox"/>	Reader	<input type="checkbox"/>	<input type="checkbox"/>
Audio cassette version of test	<input type="checkbox"/>	<input type="checkbox"/>	Assistance with computer	<input type="checkbox"/>	<input type="checkbox"/>
Large print exam material <input type="checkbox"/> 18 pt. <input type="checkbox"/> 20 pt.	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
If requesting special equipment or personal items in the test room, (e.g., medications, special chair, special lighting), please describe.					

Additional Test Time

If you are seeking additional test time, you must specify the amount of **additional time** requested for each 3-hour session.

MPT/MEE Portion	Add'l Time Requested	MBE Portion	Add'l Time Requested
MPT AM Session	_____	MBE AM Session	_____
MEE PM Session	_____	MBE PM Session	_____
Explain why you need additional time.			

Limited Testing Time

If you are seeking to limit the length of the test day, specify your time limitations for each test day and reasons for limitations.

Other accommodations requested. Please be specific.

Applicant's Signature

All the information on this form is true and correct and I understand that it may be reviewed by physician and licensed professional. I have attached the required medical documentation, undergraduate transcripts, law school transcripts, and LSAT scores.

7/6/2005

[Signature]

[Date]

If you are unable to sign this form, please have someone sign and date it in your presence.

[Signature of individual signing on behalf of applicant]

[Date]

NOTE: This accommodation request must be supported by medical documentation provided by a physician or licensed learning disability professional.

Form B and/or Form B-LD and/or Form B-AD/HD must be completed by your physician or licensed professional.