FORM B

REASONABLE TESTING ACCOMMODATIONS
DISABILITY DOCUMENTATION
(To be completed by a physician or licensed professional for all applicants)

NOTE: The South Dakota Board of Bar Examiners requires current documentation (within the last two years) from a licensed physician or other professional in the field related to the applicant's disability. Applicant must return this form by mailing it to:

South Dakota Board of Bar Examiners
500 E. Capitol Ave, Pierre, SD 57501

(Please Type)

Physician or Licensed Professional

Name: _____

Occupation, Title & Speciality: _____

License/Certification Number: _____

Address _____

_____

Telephone Number: _____

RE: Applicant Name: _____

Please describe your credential(s) which qualify you to diagnose and/or verify the applicant's disability 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: (Copies of chart notes are very helpful. Please attach if applicable.*)

***It is strongly recommended that copies of physician chart notes be attached as part of this documentation. This information will greatly facilitate our evaluation.**

Last date of treatment/date of consultation with applicant:

Length of treatment with applicant:

Is this a permanent condition/disability? ☐ Yes ☐ No

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

In what way(s) does the condition/disability prevent the applicant from taking the examination under standard testing conditions? (Two three-hour sessions given over two consecutive test days.)

Is the applicant following the prescribed course of treatment? ☐ Yes ☐ No

In what way does the prescribed course of treatment improve the applicant's ability to read, write and/or concentrate for extended periods of time?

Given the applicant's condition/disability and your diagnosis/prognosis, what testing accommodations do you recommend? (Check all that apply)

Communications and Alternative Formats			**Personal Assistance**		
	MPT/MEE	MBE		Essay	MBE
Braille version of test	☐	☐	Typist	☐	☐
Magnifying glass	☐	☐	Reader	☐	☐
Audio cassette version of test	☐	☐			
Large print exam material ☐ 18 pt. ☐ 20 pt.	☐	☐	Other	☐	☐
If you are recommending that the applicant bring special equipment or personal items into test room, (e.g., medications, special chair, special lighting), please describe.					

Additional Test Time

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 additional time is needed.			

Limited Testing Time

If you are recommending that the applicant limit the length of his/her test day, specify the requested time limitations for each test day and indicate why time limitations are required.

Other accommodations requested. Please be specific.

In what way will the recommended accommodation compensate for the disability?

Please submit any reports, chart notes or any other written documentation that supports or explains this diagnosis of disability and/or recommendation for accommodations.

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

_____ _____ _____

[Signature of Physician/Licensed Professional] [Name (Print)] [Date]

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the Board of Bar Examiners to assist in determining reasonable testing accommodations. The Chair of the Board of Bar Examiners, or the Chair's designee, will make a decision to grant, deny, or modify a request for reasonable testing accommodations.