

ADA TESTING ACCOMMODATIONS

POLICY

Applicants who request testing accommodations pursuant to the Americans with Disabilities Act (ADA) must make the request on the ADA Accommodations Forms. The Georgia Board of Bar Examiners (Board) administers the Bar Examination in a manner that does not discriminate on the basis of disability against a qualified Applicant. An Applicant who is otherwise eligible to take the Georgia Bar Examination may file a request for testing accommodations, if, by virtue of a disability, the Applicant cannot demonstrate under standard testing conditions that he or she possesses the essential skills and aptitudes that the Supreme Court of Georgia and the Board have determined are appropriate to require for Admission to the Practice of Law in Georgia.

USE OF LAPTOP COMPUTERS

Applicants who make the request for ADA accommodations and want to use a personal laptop computer to write the Essay and MPT portions of the Georgia Bar Examination **MUST** complete the [Laptop Testing General Information Form](#), then electronically submit the form to the Office of Bar Admissions. **Only those applicants who submit the form will receive Laptop Registration Information.** Laptop testing for the Georgia Bar Examination will be administered using the ExamSoft World Wide, Inc. SofTest software.

DEFINITIONS

The American with Disabilities Act provides comprehensive civil rights protection for qualified individuals with disabilities. An individual with a disability is a person who: (1) Has a physical impairment or a mental impairment that substantially limits a major life activity, (2) Has a record of such an impairment, or (3) Is regarded as having such an impairment.

A qualified individual with a disability means an Applicant with a disability who, with or without reasonable modifications to Rules, Policies or Practices; the removal of architectural, communication or transportation barriers; or the provision of auxiliary aids and services, meets the essential eligibility requirements for Admission to the Practice of Law in Georgia.

Major life activities include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. An individual who currently uses illegal drugs is not protected by the ADA when a decision not to provide accommodations is made based upon his/her current illegal use of drugs.

Physical impairment means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine.

Mental impairment shall mean any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Reasonable accommodations mean an adjustment or modification of the standard testing conditions that ameliorates the impact of the Applicant's disability without doing any of the following: (1) Fundamentally altering the nature of the examination or the Board's ability to determine through the Bar Examination whether the Applicant possesses the essential skills and aptitudes that the Supreme Court of Georgia and the Board have determined are appropriate to require for Admission to the Practice of Law in Georgia, (2) Imposing an undue burden on the Board, (3) Compromising the security of the Bar Examination, or (4) Compromising the integrity, the reliability, or the validity of the Bar Examination.

PROCEDURE

A request for testing accommodations shall be on forms prescribed by the Board and shall consist of all of the following. **The REQUIRED FORMS are included on the following pages. You may print and copy the forms as many times as necessary.**

- **Petition for Testing Accommodations - FORM A** (Must be completed by the Applicant).
- **Certificate of Medical/Psychological Authority - FORM B** (Must be completed by a Physician, Psychologist or Professional licensed to diagnose and treat your disability).

NOTE: Your petition for accommodations **WILL NOT** be considered if **FORM B** is not completed by provider and returned to the Office of Bar Admissions by the posted deadline.

- **Certificate of Accommodations - FORM C** (Must be completed by an Official of your undergraduate or graduate institution, an Official of a national standardized examination, e.g. ACT; SAT; or LSAT, on which you received testing accommodations, or an Employer who provided you with accommodations).

NOTE: You **MUST copy** and **complete FORM C** as many times necessary to send to each school, testing entity or workplace where you received accommodations.

- **Authorization for Release of Information - FORM D** (For release of records from the Applicant's medical and/or psychological authorities for the purpose of determining whether the Applicant is a qualified individual with a disability).

NOTE: You **MUST copy** and **complete FORM D** as many times necessary to send to each provider.

DEADLINE FOR SUBMISSION OF ADA FORMS

Bar Examination	Deadline
February	December 1
July	May 1

The **REQUIRED FORMS** and **associated documentation MUST** be received in the Office of Bar Admissions by the **deadline posted above. Failure to provide all documentation by the deadline may result in you not being considered for the accommodations requested.**

MAIL ALL FORMS, DOCUMENTATION, AND CORRESPONDENCE TO:

**Mrs. Becky Allison, Assistant Director
Office of Bar Admissions
244 Washington Street, SW
Suite 440
Atlanta, GA 30334**

If you have any questions about the Board's Testing Accommodations Policy, contact Mrs. Allison at (404) 656-4217.

BOARD OF BAR EXAMINERS
244 WASHINGTON STREET, SW
SUITE 440
ATLANTA, GA 30334
(404) 656-4217

PETITION FOR TESTING ACCOMMODATIONS

FORM A

To be completed by Applicant

(Please type or legibly print.)

APPLICANT NAME:		
ADDRESS:		
DAY TIME PHONE:		
SOCIAL SECURITY #:		
DATE OF EXAM YOU ARE SEEKING ACCOMMODATIONS:	Month:	Year:

- Describe the physical or mental impairment that is the basis for your request for testing accommodations and explain the impact of this impairment on your ability to take the Bar Examination under standard testing conditions. **Be as specific as possible.**

- Provide the date on which you became disabled: _____

- On the next page, list the names, professional titles, addresses, and telephone numbers of medical and psychological authorities with whom you have sought assessment and/or treatment for your physical or mental impairment, and include the dates of assessment and/or treatment for each medical or psychological authority. The names listed should be the providers who will be providing a Certificate of Medical or Psychological Authority.

Name and Title	Address	Phone Number	Dates of Assessment/ Treatment

4. Describe, in detail, any accommodations you have received for your physical or mental impairment in academic, testing or employment settings. (Provide a **Certificate of Accommodations** from each employer and/or educational institution.)

5. State the testing accommodations you request and explain how the testing accommodation relates to your physical or mental impairment. **Be as specific as possible.**

TO BE COMPLETED BY APPLICANT

I swear or affirm that all the information on this form is true and correct to the best of my knowledge, and I understand that it may be reviewed by a physician or other licensed professional.

Applicant's Signature

Date

BOARD OF BAR EXAMINERS
244 WASHINGTON STREET, SW - SUITE 440
ATLANTA, GA 30334
404/ 656-3490

CERTIFICATE OF MEDICAL/PSYCHOLOGICAL AUTHORITY

FORM B

This section to be completed by Applicant
Please type or legibly print.

Applicant's Name: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

NOTE TO APPLICANT:

Your Petition for Accommodations **WILL NOT** be considered if **Form B** is not completed by the Provider and returned to the Office of Bar Admissions by the posted deadline.

**This section to be completed by Physician, Psychologist, or Professional
licensed to diagnose and treat Applicant's impairment**

Name:	
Title:	
Address:	
Phone:	

- Describe your professional qualifications (terminal degree, clinical speciality, licensure, etc.) that enable you to act in the capacity of medical or psychological authority on the Applicant's physical or mental impairment. **A recent copy of your curriculum vitae must be attached.**

2. State the date(s) on which you have examined the Applicant.

3. Describe the nature and severity of the Applicant's physical or mental impairment and discuss its effect on the ability of the Applicant to complete the Bar Examination under standard administration procedures.

(The Georgia Bar Examination is a two-day examination. The first day consists of four essay questions, two forty-five-minute questions answered in the morning session and two in the afternoon session, and two ninety-minute performance tests, one in the morning and one in the afternoon. The second day is a two-hundred-question, timed, multiple choice examination answered in pencil on a computer-graded grid sheet; one hundred questions are answered in the three-hour morning session, the same for the afternoon session.)

4. List the complete ICD (International Classification of Diseases), diagnosis of the physical impairment or the complete multi axial DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) diagnosis of mental impairment. Include all relevant severity and course specifiers.

5. List the studies and/or procedures used to diagnose the physical or mental impairment and attach a copy of all pertinent medical or psychological records, including results of laboratory studies, diagnostic tests, and clinical procedures used to determine presence and severity of the impairment. In the case of psychological and psycho educational testing, please attach all raw data and psychological reports pertinent to impairment.

6. State the testing accommodations you recommend for the Applicant and explain how the testing accommodations relate to the Applicant's physical or mental impairment. If your recommendations for testing accommodations include an extension of the customary examination time, describe your rationale for the amount of time recommended.

TO BE COMPLETED BY THE PROVIDER:

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

Provider's Signature

Date

BOARD OF BAR EXAMINERS
244 WASHINGTON STREET, SW - SUITE 440
ATLANTA, GA 30334
(404) 656-3490

CERTIFICATE OF ACCOMMODATIONS

FORM C

To be completed by the appropriate school, employment or testing official regarding the Applicant named below

APPLICANT NAME:	SSN:
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- List your name, position, name of the educational institution (or name of company or other employer), address and telephone number.

Name & Position: _____

Educational Institution/Company: _____

Address: _____

Phone: _____

- Name the course of study and the dates in which the Applicant was enrolled at your educational institution (or name the Applicant's position and dates of employment).

- If the Applicant received accommodations, state the nature of the physical or mental impairment of the Applicant that served as a basis for granting accommodations.

- Specifically describe the accommodations granted to the Applicant.

NOTICE TO SCHOOL, EMPLOYMENT OR TESTING OFFICIAL:

Attach a copy of any documentation that was used in making a decision regarding accommodations for this Applicant.

Signature

Date

NOTE TO APPLICANT:

You **MUST copy** and **complete FORM C** as many times as necessary to send to each school, testing entity, or workplace where you received accommodations.

FORM C

AUTHORIZATION FOR RELEASE OF INFORMATION

FORM D

To be completed by Applicant

Authorization to Release and Exchange Information

between

Supreme Court of Georgia

Office of Bar Admissions

Board of Bar Examiners

244 Washington Street, SW - Suite 440

Atlanta, GA 30334

(404) 656-4217

(including the Board's Medical and Psychological Consultants)

and

(Provider)

(Address)

(Telephone No.)

(Fax No.)

REGARDING

Name of Applicant

By my signature below, I authorize the above parties to release and exchange information for the sole purpose of determining testing accommodations on the Bar Examination and/or determining fitness to practice law in the State of Georgia. All necessary information may be released, including medical and psychological records, treatment plans, histories and progress notes, admission and discharge summaries, laboratory results, psychological and psychiatric reports, court reports and school records, employment records, psychological, neurological and psycho educational test data. I understand that this authorization will remain in effect for 90 days from the date of signature. I understand that I may withdraw this consent at anytime upon written notice. Recipients of this information are forbidden to re-disclose this information to parties not named above.

Signature of Applicant

Date

Witness

Date

NOTE TO APPLICANT:

You **MUST** copy and **complete FORM D** as many times as necessary to send to each provider.