FORM 5: VISUAL DISABILITY VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending test accommodations on the bar examination for you on the basis of a visual disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant’s full name: ____________________________________________

Date(s) of evaluation/treatment: ______________________________________

Applicant’s date of birth: __________ [SSN]: ____________________________

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Kentucky Office of Bar Admissions or consultant(s) of the Kentucky Office of Bar Admissions.

_____________________________ __________________________
Signature of applicant Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Kentucky Bar Examination. All such requests must be supported by a comprehensive diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a visual disability. The Kentucky Office of Bar Admissions requires the qualified professional to complete all questions on this form that pertain to the applicant’s visual impairment. Reference specific tests or other objective data and clinical observations, and attach copies of test results, if relevant. We appreciate your assistance.

The Kentucky Office of Bar Admissions may forward this information to one or more qualified professionals for an independent review of the applicant’s request.

Print or type your responses to the items below that pertain to the applicant’s visual impairment. Return this completed form and copies of relevant test results to the applicant for submission to the Kentucky Office of Bar Admissions.
I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: ____________________________

Address: __________________________________________________________

Telephone: ______________________ Fax: ______________________________

E-mail: ____________________________

Occupation and specialty: __________________________________________

License number/Certification/State: _________________________________

Describe your qualifications and experience to diagnose and/or verify the applicant’s condition or impairment and to recommend accommodations. ________________________________

II. DIAGNOSIS

1. What is the applicant’s current diagnosis? Include a statement as to whether the condition is stable or progressive.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. Please state the applicant’s best corrected visual acuities for distance and near vision.

____________________________________________________________________

III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY ADDRESS RELEVANT AREAS.

1. Please describe the applicant’s eye health (both external and internal evaluations).

____________________________________________________________________

____________________________________________________________________

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2. Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

4. Accommodative Skills: at near point, with and without lenses (provide measurements)

5. Oculomotor Skills: saccades, pursuits, tracking

IV. FUNCTIONAL LIMITATIONS

Describe the functional impact, if any, of the applicant’s visual condition on the applicant’s reading ability.

V. ACCOMMODATIONS RECOMMENDED FOR THE KENTUCKY BAR EXAMINATION (CHECK ALL THAT APPLY)

The Kentucky Bar Examination is a timed written examination administered in three-hour sessions from 9:30 a.m. to 12:30 p.m. and from 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday as scheduled twice each year. There is a lunch break from 12:30 p.m. to 2:00 p.m. each day.

The first day is the Essay portion of the Kentucky Bar Examination and consists of six essay questions (Kentucky Essay) in the morning session and six essay questions (MEE) in the afternoon session. The Essay portion is 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 second day consists of 200 multiple-choice questions (MBE), with 100 questions
administered in the morning session and 100 questions in the afternoon session. Applicants
record their answers by darkening circles on an answer sheet that is scanned by a computer to
grade the examination.

Applicants are assigned seats, two per six/eight foot table, in a room set for 100 to 400
applicants. They are not allowed to bring food, beverages, or other items into the testing room
unless approved as accommodations. The examination is administered in a quiet environment,
and applicants are allowed to use small foam earplugs provided by the Kentucky Office of Bar
Admissions. They may leave the 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?

Test question formats:

☐ Braille
☐ Audio CD
☐ Microsoft Word document on data CD for use with screen-reading software (for the
Essay portion)

☐ Large print/18-point font
☐ Large print/24-point font

Assistance:

☐ Reader
☐ Typist/Transcriber for the Essay portion
☐ Scribe for MBE

Explain your recommendation(s). ____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Extra testing time. Indicate below how much extra testing time is recommended:

<table>
<thead>
<tr>
<th>Test Portion</th>
<th>Standard Time</th>
<th>Extra Time Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>KY Essay/MEE</td>
<td>3 hours AM</td>
<td>10% 25%</td>
</tr>
<tr>
<td></td>
<td>3 hours PM</td>
<td>33% 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify)</td>
</tr>
<tr>
<td>MBE/Multiple-Choice</td>
<td>3 hours AM</td>
<td>10% 25%</td>
</tr>
<tr>
<td></td>
<td>3 hours PM</td>
<td>33% 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant’s functional limitations.

__________________________________________

__________________________________________

__________________________________________

Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

__________________________________________

__________________________________________

__________________________________________

Other arrangements (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

__________________________________________

__________________________________________

__________________________________________

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VI. Professional’s Signature

I have attached a copy of all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

I certify that the information on this form is true and correct based upon the information in my records.

__________________________________________   __________________________
Signature of person completing this form                Date signed

__________________________________________   __________________________
Title                                                Daytime telephone number