

NST FORM 1: PETITION FOR TEST ACCOMMODATIONS

This petition should be used by: applicants requesting test accommodations on the Connecticut bar examination for the first time; applicants who were denied accommodations on a prior examination; applicants for re-examination who did not previously request accommodations; and applicants who were granted accommodations in the past but who have not taken the examination in the last three (3) years. To be timely, this petition and all supporting documentation, records, and forms must be **received** by mail or dropped off in-person in the CBEC Administrative office by the application deadline. This is NOT a “postmarked by” deadline and emailing or uploading this petition or any supporting documentation, records, or forms to an online account does NOT satisfy the filing requirement.

I. GENERAL INFORMATION

1. Name: _____
Last First Middle

2. Address where you may be contacted concerning this petition:

Number and Street Address or P.O. Box Number

City State/Province Zip/Postal Code

Daytime Telephone Number E-mail address

3. Examination: _____

II. DISABILITY STATUS

4. Check the disability or disabilities for which you are requesting accommodations.

- ☐ Learning disability
- ☐ AD/HD
- ☐ Physical disability
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Psychological disability
- ☐ Other (describe) _____

5. List your age when first diagnosed. _____

III. HISTORY OF ACCOMMODATIONS

For questions 6 through 11 below, please follow these instructions:

If you were **granted** accommodations, check “Yes.” List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time frames when the accommodations were granted (i.e. senior year only, all years, etc.).

If you **did not request** accommodations, check “Not requested.” Explain why you did not request accommodations.

If you were **denied** accommodations, in whole or in part, check “Denied.” List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, the reason given by the entity for the denial, and provide the denial letter from the institution. Note: if your request for accommodations was granted in part and denied in part, you should check both “Yes” and “Denied.”

If you did not attend the type of school or take that exam, check “N/A.”

6. Did you receive accommodations in law school?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

7. Did you receive accommodations in college (undergraduate or graduate studies)?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

8. Did you receive accommodations or disabled-student services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

9. Did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or a 504 Plan?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

10. Did you receive accommodations for any of the following standardized tests:

LSAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
MPRE	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
MCAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
GRE	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
GMAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
SAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
ACT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A

11. Have you ever requested accommodations on the bar examination in any jurisdiction other than Connecticut or are you requesting accommodations on a concurrent bar examination in a jurisdiction other than Connecticut? List each jurisdiction in which you have made such a request and submit a completed NST Form 7: Certification of Accommodations History from each such jurisdiction.

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

IV. ACCOMMODATIONS REQUESTED FOR THE CONNECTICUT BAR EXAMINATION (CHECK ALL THAT APPLY)

DESCRIPTION OF THE CONNECTICUT STATE BAR EXAMINATION

The examination is made up of three sections of three hours each, administered over one and a half days. The first day consists of one 3-hour morning session and one 3-hour afternoon session, with a lunch break in between. The second day of the examination consists of one 3-hour morning session.

The examination is administered in electronic format using the applicant's laptop. Each examination session is comprised of forty (40) standalone multiple-choice questions, two (2) Integrated Question Sets, and one (1) Performance Task. An integrated question set includes multiple choice and medium-answer and/or short-answer questions. A performance task is either one extended-response writing assignment, or multiple-choice and short-answer questions followed by a medium-length writing assignment. Applicants may freely navigate between all questions in a session and are free to use their time as they choose in each session.

Applicants are typically seated two to a 6-foot table and are provided with scratch paper. They are permitted to leave their desk to go to the restroom and to utilize a water station. All applicants are provided with ordinary foam ear plugs during the examination and are permitted to take any necessary over-the-counter and legally prescribed medications (e.g. pills taken orally and topical creams).

Taking into consideration this description of the examination and your current functional limitations, what test accommodation(s) are you requesting?

Test Format:

- ☐ Braille
- ☐ Screen reader support (e.g., text to speech, JAWS, NVDA, VoiceOver)
- ☐ Speech to text (e.g., Dragon or similar speech recognition tools)

*Font size selection, platform color selection, and browser zoom are available to all applicants and do not require an accommodation.

- ☐ Extra testing time. Indicate below how much extra testing time is requested for each session:

Test Portion	Standard Time	Extra Time Requested (25%, 50%, or 100%** of the standard time)
Day 1	AM Session – 3 hours	
	PM Session – 3 hours	
Day 2	AM Session - 3 hours	

**The 100% additional testing time schedule necessitates an onsite, proctor-supervised lunch break.

- ☐ Extra breaks. Describe the duration and frequency of the requested breaks.

- ☐ Other arrangements (e.g., elevated table, permission to bring item(s) such as lumbar cushion or other necessary medical supplies, etc.). Describe the arrangements.

For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the bar examination.

V. SUPPORTING DOCUMENTATION

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed NST Form 1: Applicant Request for Test Accommodations. **Review the General Information on the CBEC website for a detailed explanation of the supporting documentation you should submit.**

Applicable Verification Forms and Medical Documentation

Submit the applicable disability verification form and supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

Verification of Accommodations History

Provide verifying documentation of your accommodations history, if any. Submit a NST Form 7: Certification of Accommodations History completed by each educational institution or testing agency (hereinafter “entity”) from which you requested accommodations in the past, whether granted or denied. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame (e.g., third year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, please provide copies of all IEPs or 504 Plans.

Academic Transcripts and Test Scores

Transcripts or report cards from elementary, middle, junior high, high school, college and law school should be provided, along with standardized test scores, such as SAT/ACT and LSAT. Photocopies are permitted.

VI. APPLICANT CHECKLIST

Review this checklist carefully and checkmark the appropriate lines to indicate the documents you are submitting to request accommodations for the Connecticut Bar Examination. Submit this completed checklist with your request. **Review carefully the General Instructions on the CBEC website, particularly the section “Submitting a Complete Request.”**

1. The applicable disability verification form with comprehensive evaluation report and/or relevant records attached. The burden of providing this documentation is on the applicant requesting accommodations.

____ NST Form 2: Learning Disability Verification (comprehensive evaluation report and/or relevant records MUST be attached)

____ NST Form 3: Attention Deficit/Hyperactivity Disorder Verification (comprehensive evaluation report and/or relevant records MUST be attached)

____ NST Form 4: Psychological Disability Verification (comprehensive evaluation report and/or relevant records MUST be attached)

____ NST Form 5: Visual Disability Verification (relevant test results MUST be attached)

____ NST Form 6: Physical Disability Verification (comprehensive evaluation report and/or relevant records MUST be attached)

2. An NST Form 7: Certification of Accommodations History completed by each entity from which you previously requested accommodations and/or a copy of notification letters

____ Not applicable (if you have never requested accommodations before)

____ Bar examining agency in another jurisdiction

____ Law school

____ Undergraduate or graduate studies

____ Standardized tests (LSAT, MPRE, MCAT, GRE, GMAT, SAT, ACT)

____ Individualized Education Plan (IEP) or 504 Plan

____ High school (other than IEP or 504 Plan)

____ Elementary or middle school (other than IEP or 504 Plan)

3. Academic Transcripts and Test Scores

____ Elementary, middle, high school, college, and law school transcripts (photocopies permitted)

____ Test scores – such as SAT/ACT and LSAT (photocopies permitted)

____ Explanation as to why transcripts and/or test scores are not provided

4. Authorization and Release

____ Signed and Notarized authorization and release form

5. Petition form

____ Completed and signed NST Form 1: Petition for Test Accommodations (This form)

____ Personal narrative - Optional

____ This completed checklist

I have completed and attached all the required forms and supporting documentation.

Applicant signature

Date signed

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

Signature of individual signing on behalf of applicant

Date signed

VII. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

_____ Initial I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and that the information I have provided in support of my request for test accommodations is true and complete.

_____ Initial I understand that if the Committee determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Committee reserves the right to treat such conduct as a character and fitness issue, pursuant to Article VI-14 (A) (3) of the CBEC Regulations.

_____ Initial I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Committee, and I authorize such disclosure.

_____ Initial I understand that all necessary documentation and information must be provided to the CBEC by the deadline and that my petition for test accommodations will be administratively rejected if it is found to be incomplete, untimely, or otherwise not filed in compliance with the Committee's instructions.

Applicant signature

Date signed

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

Signature of individual signing on behalf of applicant

Date signed