

Application for Admission to the Palau Bar Form D: Testing Accommodations Request

Accommodations requests will be considered on a case-by-case basis. Testing accommodations may be considered for applicants with

documented disabilities who demonstrate a need for accommodations in order for the applicant to take the examination on an equal basis with other applicants, provided such accommodations do not result in a fundamental alteration to the examinations, impose an undue burden, or jeopardize exam security.

This form, all supporting documentation, and additional required forms, as determined below, must be submitted with the applicant's Application for Admission to the Palau Bar <u>by the application deadline</u>. A request for testing accommodations will be summarily rejected if this form is not filled out completely or if supporting documentation or additional forms are not included with the applicant's application at the time the Application for Admission is submitted. Failure to provide enough time for third parties to complete the necessary forms and return them to you for submission is not an excuse allowing for consideration of an incomplete submission. The Applicant is responsible for ensuring a timely and complete Application for Admission to the Palau Bar.

Decisions on accommodations requests will only be made after an applicant has submitted a completed Application for Admission to the Palau Bar. If the disability arises after the application filing deadline, please contact the bar administrator as soon as the applicant is aware of the need for accommodation.

Applicant Checklist for Requesting Test Accommodations

You must submit all forms to the appropriate person(s) and follow up to make sure that the Supreme Court for the Republic of Palau receives each form and required disclosures by the Application for Admission to the Palau Bar filing deadline.

STEP 1: READ THE INSTRUCTIONS TO EACH QUESTION CAREFULLY.

STEP 2: SUBMIT THE COMPLETE TEST ACCOMMODATIONS PACKET WITH THE OTHER DOCUMENTS IN YOUR APPLICATION FOR ADMISSION TO THE PALAU BAR. INCLUDE A COPY OF THIS CHECKLIST INDICATING EACH ITEM ENCLOSED.

_____ Completed *Form D: Testing Accommodations Request*. All applicants seeking test accommodations must submit Form D. Include the following with your completed test accommodations packet:

LSAC documentation (copy of letter(s) detailing results of request(s) for accommodations and Academic Summary Report) if you requested accommodations on the LSAT

_____ MPRE documentation (copy of letter(s) detailing results of request(s) for accommodations) if you requested accommodations on the MPRE

Prior Accommodations Verification Forms (as applicable):

- Completed *Form E: Statement of Jurisdiction Form* (if you requested accommodations for the UBE, any jurisdiction's bar examination, or any bar examination test component)
 - Complete the top portion of the Statement of Jurisdiction Form and request that the appropriate official in the jurisdiction complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar

____ Completed *Form F: Law School Testing Accommodations Verification Form* (if you requested accommodations in law school)

• Complete the top portion of the Law School Testing Accommodations Verification Form and request that the law school administrator responsible for authorizing test accommodations complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar

Treatment Provider Verification Forms (as applicable):

_____ Completed Form G: ADHD Verification Form

• Complete the top portion of the ADHD Verification Form and request that your treating physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar

___ Completed Form H: Learning Disability Verification Form

• Complete the top portion of the Learning Disability Verification Form and request that your treating physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar

_ Completed Form I: Psychological Disability Verification Form

• Complete the top portion of the Psychological Disability Verification Form and request that your treating physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar

Completed Form J: Physical Disability Verification Form

Complete the top portion of the Physical Disability Verification Form and • request that your treating physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar.

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

Applicant Signature

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 signed

Date signed



Application for Admission to the Palau Bar

Form D: Testing Accommodations Request Continued

I. Accommodations History

1. Have you previously requested test accommodation for the UBE, any jurisdiction's bar	•
examination, or any bar examination test component?	

 \Box YES \Box NO

If yes, list all test names for which accommodation was requested, the test dates for which you
requested accommodation, and state whether your request was granted. Complete and submit
Form E (Statement of Jurisdiction Form) – Complete top portion of Form E and request that the
appropriate official in the jurisdiction complete the rest of the form and return it to you for
submission with your Application for Admission to the Palau Bar.

Did you request accommodations for any of the following standardized tests?

MPRE: \Box Granted \Box Not Requested \Box Denied

LSAT: \Box Granted \Box Not Requested \Box Denied

If you requested accommodations for any of the following tests, include the following with your completed Application for Admission to the Bar:

_ MPRE documentation (copy of letter(s) detailing results of request(s) for accommodations)

LSAT documentation (copy of letter(s) detailing results of request(s) for accommodations and LSAC Academic Summary Report)

Were you granted accommodations in law school?

 \Box YES \Box NO

If yes, identify which school(s), its location (city, state, country) and for each, explain which accommodations you requested and state whether your request was granted. Complete and submit Form F (Law School Testing Accommodations Verification Form) – Complete top portion of Form F and request that the appropriate law school official complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar.

Were you granted accommodations in college (undergraduate and/or graduate studies)?
If yes, identify which school(s), its location (city, state, country) and for each, explain which
accommodations you requested and state whether your request was granted.
Were you granted accommodations or disabled-student services in elementary or
secondary school, including but not limited to accommodations or services provided under
an Individualized Education Plan (IEP) or a 504 Plan?
□ YES □ NO If yes, identify which school(s), its location (city, state, country) and for each, explain which
accommodations you requested and state whether your request was granted. If you have received
accommodations as a result of an IEP or 504 Plan or similar services, provide copies of all IEPs, 504 Plan, or other disabled-student services plans.
II. Information About Your Disability
Check the box or boxes that describe your disability or disabilities and provide a specific diagnosis:
□ ADHD:
Learning Disorder:
Psychological:
□ Physical:
□ Other:
Complete appropriate Treatment Provider Verification Forms, as applicable.

List the month a	and year when	each disability	was first diagnosed.

Describe your current functional limitations and how those limitations will affect your ability to take the Palau Bar Examination.

Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the functional impact of your disability or disabilities and the effectiveness thereof, or list "none."

III.	Accommodations	Requested
	1 ice offinitio data for the	requestea

Medical aids that are necessary to ambulate (cane, crutches, walker, wheelchair, service animal, prosthetic limb, cast, brace, or sling), are necessary to communicate (hearing aid, voice amplifier), or are required for medical or health reasons (heart monitor, epinephrine auto-injector, insulin pump, glucose monitor, blood sugar testing kit, TENS unit) are allowed but may be inspected by test supervisors.

What accommodation(s) are you requesting?

Do you have any accommodations requests pending with other entities (e.g., the MPRE, other bar jurisdiction, etc.)?

\Box YES \Box NO

If yes, list each entity, the accommodations requested, and the date that you submitted your request.

If seeking accommodation for another bar jurisdiction, complete and submit Form E (Statement of Jurisdiction Form) – Complete top portion of Form E and request that the appropriate official in the jurisdiction complete the rest of the form and return it to you for submission with your Application for Admission to the Palau Bar.

If seeking accommodation for any other test from a testing agency, include documentation of the request you made to the testing agency.

If there is anything else you would like us to know about your disability and need for accommodation, you may attach or include below a personal narrative. (This is optional.)

CERTIFICATION AND AUTHORIZATION

The information I have provided in support of my request for test accommodations is true and complete. I understand that if it is determined 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 Supreme Court of the Republic of Palau reserves the right to deny my admission to practice law in Palau on character and fitness grounds.

I acknowledge that all documentation specified as being required in this application for test accommodations is an integral part of my request for admission to the bar.

I authorize the Supreme Court of the Republic of Palau to contact all education institutions and/or testing agencies that have provided me with test accommodations and/or are considering a pending application for test accommodations to clarify the accommodation(s) that have been or will be granted or denied.

I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified specialists retained by the Supreme Court of the Republic of Palau, and I authorize such disclosure.

In order for my request for test accommodations to be considered, I understand that the Supreme Court of the Republic of Palau must receive my request for accommodations and all supporting documentation with my Application for Admission to the Palau Bar and by the Application for Admission deadline.

Applicant Signature

Date signed

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

						-		
Signature	ofina	Live dural	ai amin a	0.10	hahalf	$-\mathbf{f}$	0.000	inomt
Signature	()	пуюна	SIGNING	OIL	Denan	()]	addi	юанн
Signature	01 1110	*1 * 100001	515	~	oonan	U 1	mpp1	recurre

Date signed