

FORM 7 – ACCOMMODATION HISTORY CERTIFICATION

Section 1 – Notice to Applicant

This section of this form is to be completed by the Applicant. The remainder of the form is to be completed by each educational institution or testing agency (hereinafter “entity”) from which you have requested accommodations, whether granted or denied. Please read, complete, and sign below before submitting this form to the entity for completion of the remainder of the form.

Applicant’s full name: _____

Date(s) of evaluation/treatment: _____

Applicant’s date of birth: _____

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 Colorado Office of Attorney Admissions or consultant(s) of the Office of Attorney Admissions.

Signature of Applicant

Date

Section 2 - Notice to the Official Completing this Form

Please print or type your responses to the questions below. Return this completed form to the applicant for submission to the Colorado Office of Attorney Admissions.

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

Please attach any and all substantiating documentation in support of granted accommodations. We appreciate your assistance.

Section 3 – The Official’s Identification Information

Name: _____

Title: _____

Phone: _____

Email: _____

Name of testing agency or educational institution for which you are completing this form:

Address of testing agency or educational institution:

Section 4 – Accommodations History

What level of educational institution is your school?

- | | |
|--|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> High School | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Law school |

What type of testing program do you represent? (Please provide Month and Year administered)

- | | |
|--|--|
| <input type="checkbox"/> ACT
Date: _____ | <input type="checkbox"/> LSAT
Date: _____ |
| <input type="checkbox"/> SAT
Date: _____ | <input type="checkbox"/> MPRE
Date: _____ |
| <input type="checkbox"/> GRE
Date: _____ | <input type="checkbox"/> Bar Exam
Date: _____ |
| <input type="checkbox"/> Other: _____
Date: _____ | <input type="checkbox"/> N/A |

If accommodations were granted, state the nature of the applicant’s physical or mental impairment that served as the basis for granting accommodations.

Was the applicant’s request for accommodations ever denied, in whole or in part? If so, please explain the reason for denial or attach a copy of any notification sent to the applicant.

Section 5 – Granted Accommodation History

Complete the following section if accommodations were granted or granted in part. Leave blank if denied in their entirety.

Indicate any accommodations granted to the applicant and the dates thereof.

Test Question Format:

- Braille
Date: _____
- Audio Version
Date: _____
- Large Print
Date: _____
- Other: _____
Date: _____
- Extra Time:
Date: _____

Assistance:

- Reader
Date: _____
- Typist/Transcriber
Date: _____
- Scribe
Date: _____
- Bubbler
Date: _____

If the accommodations included extra time for tests, state the amount of extra time either as a percentage (e.g., 50%) or as extra minutes per hour (e.g., 10 extra minutes per hour).

- Extra Breaks
Date: _____ Duration: _____
- Other Arrangements: _____
Date: _____

Did the applicant receive different accommodations over the course of study or for different test administrations?

- Yes
- No

Please describe the full history and explain the reason(s) for the differences.

I certify that the information supplied on this form is true and correct based on the information retained in our records.

Signature of Official Completing this Form
R: 10/2021

Date
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