



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

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**FORM D
TESTING ACCOMMODATIONS – ATTENTION
DEFICIT/HYPERACTIVITY DISORDER VERIFICATION**

(Please print or type; must be legible)

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 testing accommodations on the First-Year Law Students' Examination or the California Bar Examination for you on the basis of an Attention Deficit/Hyperactivity Disorder. 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:

File Number:

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 Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the California First-Year Law Students' Examination or the California Bar Examination. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of an Attention Deficit/Hyperactivity Disorder. The Committee of Bar Examiners also requires the qualified professional to complete this form. **If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.** Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the an examination administered by the Committee of Bar Examiners. Your assistance is appreciated.

I. QUALIFICATIONS OF THE PROFESSIONAL*

Name of professional completing this form: _____

Address:

Telephone number: _____

Occupation, title & specialty:

License number: _____

**The following professionals are deemed appropriate and qualified to provide a diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD): Clinical Psychologist, Neuropsychologist, Psychiatrist (must be licensed).*

Please describe your specialized training in the assessment, diagnosis and remediation of AD/HD with the adult population. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical. If you are not one of the above three professions, please indicate why you are qualified to render this diagnosis and specifically, what training and experience qualifies you to conduct a differential diagnosis of AD/HD.

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date the applicant was first diagnosed with AD/HD: _____

2. Did you make the initial diagnosis? Yes No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

3. When did you first meet with the applicant? _____

4. Provide the date of your last complete evaluation of the applicant. _____

5. Describe the applicant's **current** symptoms of AD/HD that cause significant impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.

6. Describe the applicant's symptoms of AD/HD that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.

ATTACH A COMPREHENSIVE EVALUATION REPORT. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Committee of Bar Examiners generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR)* (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally insufficient to establish evidence for the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

- A. Sufficient numbers of symptoms (delineated in DSM-IV-TR) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is "maladaptive" and inconsistent with developmental level. The exact symptoms should be described in detail.
- B. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.
- C. Objective evidence indicating that current impairment from the symptoms is observable in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
- D. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).
- E. Indication of the specific AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

III. FORMAL TESTING

Psychological testing and self-report checklists cannot be used as the sole indicator of AD/HD diagnosis independent of history and interview. However, such findings can augment clinical data. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.).

1. Is there evidence from empirically validated rating scales completed by more than one source that levels of AD/HD symptoms fall in the abnormal range?

Yes No

If yes, please provide copies.

2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by AD/HD symptoms?

Yes No

If yes, briefly describe the findings.

3. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?

Yes No

If yes, briefly describe the findings.

4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) or test anxiety as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?

Yes No

If yes, briefly describe the findings.

5. Was testing performed to assess the possibility that a lack of motivation or effort affected test results? Yes No

Describe the findings, including the results of symptom validity tests.

IV. AD/HD TREATMENT

Is the applicant currently being treated for AD/HD? Yes No

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the AD/HD symptoms. If it is effective, explain why accommodations are necessary.

If no, explain why treatment is not being pursued.

V. ACCOMMODATIONS RECOMMENDED FOR THE FIRST-YEAR LAW STUDENTS' EXAMINATION OR CALIFORNIA BAR EXAMINATION (check all that apply)

The California Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 2:00 p.m. to 5:00 p.m. on Tuesday, Wednesday and Thursday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The first day consists of three essay questions in the morning session and one Performance Test question in the afternoon session. The written portions of the examination are 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. The third day has the same schedule as the first day.

The First-Year Law Students' Examination is a timed written examination administered in a four-hour session from 8:00 a.m. to noon and a three-hour session administered in the afternoon on a Tuesday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The morning session consists of four essay questions. The essay questions are 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 afternoon session consists of 100 multiple-choice questions (MBE). Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination. The third day has the same schedule as the first day.

Applicants are assigned seats, two per six-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. All applicants may bring medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They may leave the examination 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?

Alternative Formats

- Audio CD version of the Examination
- Large Print Examination Materials
(check one: 18 pt or 24 pt.)
- Computer with SofTest installed
- Private Room
- Semi-private Room
- Microsoft Word document on data CD for use with screen-reading software (for written sessions)

Personal Assistance

- Dictate to a Typist
- Reader
- Assistance with multiple-choice answer sheet (Scantron sheet)
- Dictate to a Tape Recorder

Other _____

Please provide rationale for requests indicated: _____

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination.

All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.

Essay: Specify the amount of additional test time needed per session and rationale: _____

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

VI. PRIOR HISTORY AND PAST ACCOMMODATIONS

Please describe any previously documented history of learning disabilities and list accommodations that have been granted to the applicant in the past:

VII. CONFIDENTIALITY

Confidentiality policies of the Committee of Bar Examiners/Office of Admissions of The State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

VIII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE

I attach hereto copies of all test results, evaluations, educational or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This is required.**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

(Signature of Licensed Professional)

(Date)

The Committee of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.