

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



TEST ACCOMMODATION GUIDELINES & PETITION CHECKLIST

GUIDELINES

Following is the Board's policy for determining whether to grant test accommodations on the General Bar Examination:

The Board's current practice of granting accommodations to disabled bar applicants during submission to the bar examination was established long before the 1990 enactment of the Americans with Disabilities Act (ADA). In fact, such practice was acknowledged by the Supreme Court of Florida as early as 1977. *Florida Board of Bar Examiners re Certified Question*, 353 So.2d 98, 101 (Fla. 1977).

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act (ADA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures--both positive and negative--will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

IMPORTANT NOTE: Requests for accommodations will be considered only after receipt of all information described in 1-9 below. Deadlines described on page 2 apply to receipt of all information, including documentation requested from third parties. All documentation submitted will be retained by the Board and may be reviewed by the Board's consultants as necessary. All accommodations granted to you by the Board will

be provided at no cost. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the bar exam.

APPLICANTS REQUESTING ADDITIONAL TESTING TIME: Submit documentation from your physicians or other licensed professionals that details the basis for the requested additional time and the amount of additional time recommended. **If a specific amount of additional time is not indicated, your request will not be processed.**

FILING DEADLINE: The applicable items specified in the Petition Checklist must be completed and postmarked or received by the Board on or before the filing deadline of the exam you wish to take. The Board has adopted the following policy:

- ✓ Applicants with disabilities are entitled to, and have the responsibility to meet, the same deadline for application for pre-registration as individuals without disabilities. As some of the forms require input from third parties, it is suggested that you request the appropriate individuals complete the forms well in advance of the deadline for filing the petition for test accommodations, so that late filing fees are not incurred.
- ✓ A timely petition requesting an accommodation for the February administration of the General Bar Examination must be postmarked or received not later than November 15 prior to the examination.
- ✓ A timely petition requesting an accommodation for the July administration of the General Bar Examination must be postmarked or received not later than May 1 prior to the examination.
- ✓ Applicants seeking to file an untimely petition will be permitted to do so upon payment of a late fee as specified under rule 4-43 of the Rules of the Supreme Court Relating to Admissions to the Bar. Due to the time required to process a petition and accompanying documentation for review by the Board, to reach a determination on the petition and to make necessary arrangements at the examination site, the Board will not accept for processing any petition postmarked after January 15 for the February examination and after June 15 for the July examination.

You may fax your petition and supporting documentation to the Board at (850) 414-6822. All material received by fax will be acknowledged by mail.

The following Petition Checklist has been prepared to facilitate your completion of each required step in the process.

PETITION CHECKLIST for TEST ACCOMMODATIONS

Carefully review the guideline information provided herein and use this Petition Checklist to complete all information listed below that pertains to the specific test accommodation you are seeking:

- 1. LETTER FROM APPLICANT:** Prepare a letter describing your specific disability, when and how it was first identified, and all accommodations you are requesting because of it. Specify whether your request for test accommodations is related to the essay or multiple-choice portions of the examination, or both.

- 2. APPLICANT QUESTIONNAIRE:** Complete the enclosed Applicant Questionnaire.

- 3. ACCOMMODATION VERIFICATION FORM:** All applicants seeking test accommodations must provide the Accommodation Verification Form. Complete the top portion of the Accommodation Verification Form and request that your physician or other professional licensed to diagnose and treat your disability complete the rest of the Accommodation Verification Form and return it to you for submission to the Board.

- 4. LEARNING DISABILITY VERIFICATION FORM:**
 - a. Request that your physician or other professional licensed to diagnose and treat your disability complete the enclosed Learning Disability Verification Form and return it to you for submission to the Board.

 - b. Submit copies of your high school transcript, as well as your undergraduate, postgraduate and law school transcripts, if not already forwarded to the Board. These documents must be provided before the Board can consider your petition.

5. ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION FORM:

- a. Request that your physician or other professional licensed to diagnose and treat your disability complete the enclosed Attention Deficit/Hyperactivity Disorder Verification Form and return it to you for submission to the Board.
- b. Submit copies of your high school transcript, as well as your undergraduate, postgraduate and law school transcripts, if not already forwarded to the Board. These documents must be provided before the Board can consider your petition.

- 6. PSYCHOLOGICAL DISABILITY VERIFICATION FORM:** Request that your physician or other professional licensed to diagnose and treat your disability complete the enclosed Psychological Disability Verification Form and return it to you for submission to the Board. Test anxiety is excluded, as it is not considered a disability.

- 7. LAW SCHOOL ADMISSION COUNCIL FORM (if applicable):** Complete the top portion of the Law School Admission Council Form and request that the LSAC official responsible for authorizing test accommodations complete the rest of the form, stating all the test accommodations granted, if any. You are required to submit this form if accommodations were requested, whether they were granted or denied.

- 8. LAW SCHOOL OFFICIAL FORM (if applicable):** Complete the top portion of the Law School Official Form and request that the law school administrator or professor responsible for authorizing test accommodations complete the rest of the form, stating all the test accommodations granted.

- 9. STATEMENT of JURISDICTION FORM (if applicable):** If you have requested and/or received accommodations on the bar examination in any other jurisdiction, complete the top portion of the Statement of Jurisdiction Form and request that the appropriate official in each jurisdiction complete the rest of the form, stating the test accommodations granted, including the percentage of additional time allowed, if any.

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



APPLICANT QUESTIONNAIRE

NOTICE TO APPLICANT: Complete each item and provide supplemental documentation in Section III (if applicable) to assist the Board in processing your request for test accommodations.

I. Disability Status (check all that apply).

A. Are you:

- Deaf
- Hard of hearing
- Blind
- Visually impaired

B. Do you have a:

- Physical disability (specify) _____
- Specific learning disability or AD/HD (specify) _____
- Psychological disability (specify) _____

C. How long have you had your disability, or how long have you been diagnosed?

- Most of my life
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years or more

D. Have you had problems on previous entrance exams such as the SAT, ACT or LSAT? (Check yes or no, then specify exam) _____
Please submit evidence or a report of the problem you experienced.

Yes **No**

II. Past Accommodations Made for Your Disability (check yes or no).

A. In high school:

- Were you in a special school or program?
- Did you receive test accommodations?
- Did you generally receive extra time for classroom tests? If yes, specify how much extra time was granted: _____

B. Did you receive accommodations for taking the SAT or ACT examinations for admission to college? SAT/ACT Score: _____

Did you receive extra time for the SAT or ACT? If yes, please specify how much extra time was granted: _____

	<u>Yes</u>	<u>No</u>
C. In college:		
Did you use disabled student services?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive test accommodations?	<input type="checkbox"/>	<input type="checkbox"/>
Did you generally receive extra time for exams? If yes, please specify how much extra time was granted: _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Did you receive accommodations for any examination for admission to graduate school (i.e., GRE, MCAT, GMAT)?		
Did you receive extra time on any examination for admission to graduate school? If yes, please specify how much extra time was granted: _____	<input type="checkbox"/>	<input type="checkbox"/>
E. Did you receive accommodations for the LSAT? If yes, indicate what accommodations below: LSAT Score(s): _____		
Formats: (check all that apply)		
<input type="checkbox"/> Braille		
<input type="checkbox"/> Tape		
<input type="checkbox"/> Large type		
Help: (check all that apply)		
<input type="checkbox"/> Reader		
<input type="checkbox"/> Typist/Transcriber		
<input type="checkbox"/> Sign language interpreter		
<input type="checkbox"/> Extra breaks/rest periods. How long and how often were rest breaks? _____		
<input type="checkbox"/> Extra testing time. How much extra testing time was granted? _____		
<input type="checkbox"/> Other accommodations granted (e.g., elevated table, seat near restroom, etc.). Please specify. _____ _____		
F. After undergraduate school:		
Did you use disabled student services in any graduate program?	<input type="checkbox"/>	<input type="checkbox"/>
Did you generally receive extra time for exams? If yes, please specify how much extra time was granted: _____	<input type="checkbox"/>	<input type="checkbox"/>
Please specify any other test accommodations you received while in any graduate program (e.g., reader, seat near restroom, separate room, etc.) _____		
G. On other state bar examinations:		
Did you receive extra time for exams? If yes, please specify how much extra time was granted: _____	<input type="checkbox"/>	<input type="checkbox"/>
Please specify any other test accommodations you received on other state bar exams (e.g., reader, seat near restroom, separate room, etc.) _____		

III. If you are petitioning for test accommodations because of a learning disability, please provide the additional information listed below.

- A. All learning disability testing, including school testing, etc., at any point in your life (psychological, educational, or neurological) including the raw data not already requested on the Learning Disability Verification Form enclosed.
- B. All confirmations of your disability by anyone other than the diagnosing professional, including in-school testing, guidance counselors, etc.
- C. All re-evaluations of your learning disability, by anyone, since the date of the initial evaluation, including his or her reports and notes.
- D. Any other documentation that would enable the Florida Board of Bar Examiners to evaluate your request for test accommodations.

IV. Accommodations Requested for the General Bar Examination (Check all that apply).

Formats:

- Braille
- Tape
- Large print/18
- Large print/24

Help:

- Reader
- Typist/Transcriber
- Sign language interpreter

If the Board authorizes you to use a typist to transcribe your essay answers and/or read the multiple-choice questions to you and record your answers, the Board will make the arrangements to have a qualified typist available for the administration of the examination.

The bar exam is administered in three-hour sessions from 9:00 a.m. - 12:00 noon and 1:30 p.m. - 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year.

- Extra testing time. How much extra testing time?

___ Essay portion: ___10% ___25% ___33% ___50%
___ Other (specify) _____

Please provide an explanation as to your need for additional time on the essay portion of the examination. _____

___ Part A multiple-choice portion:
___10% ___25% ___33% ___50%
___ Other (specify) _____

__ MBE (multiple-choice):
__ 10% __ 25% __ 33% __ 50%
__ Other (specify) _____

Please provide an explanation as to your need for additional time on the multiple-choice portions of the examination. _____

- Extra breaks/Rest periods. How long and how often are rest breaks needed?

Please provide an explanation as to your need for additional time for rest breaks during the examination. If you are requesting additional time for rest breaks as well as additional time on the essay and/or the multiple-choice portions of the examination, please explain why additional time for rest breaks is also necessary.

The Board has adopted the policy that testing hours will be limited to 7:30 a.m. – 6:00 p.m. If necessary, additional time granted will be divided among more than two days.

- Extra testing days. How many total days requested? _____
- Other arrangements requested (e.g., elevated table, seat near restroom).

V. I certify the information in Sections I through IV are true and complete.

Applicant Signature

Date Signed

__ - __ - __ - __ - __ - __
Social Security Number

Applicant File Number

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



ACCOMMODATION VERIFICATION FORM

► **NOTICE TO APPLICANT:** This form is to be completed by all licensed professionals who have been involved in the diagnosis and/or treatment of your disability or disabilities. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

Social Security Number

Date(s) of Treatment

► **NOTICE TO TREATING PROFESSIONAL:** Following is the Board's policy for determining whether to grant test accommodations on the General Bar Examination:

The Board's current practice of granting accommodations to disabled bar applicants during submission to the bar examination was established long before the 1990 enactment of the Americans with Disabilities Act (ADA). In fact, such practice was acknowledged by the Supreme Court of Florida as early as 1977. *Florida Board of Bar Examiners re Certified Question*, 353 So.2d 98, 101 (Fla. 1977).

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act (ADA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures--both positive and negative--will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be

measures undertaken with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title, and specialty: _____

II. Applicant's Disability

1. Briefly describe your diagnosis: _____

2. Your treatment consisted of (include dates): _____

3. Last date of treatment/consultation with applicant: _____

4. Is this a permanent condition/disability? Yes No

If no, when is this condition/disability likely to abate? _____

5. Explain the specific condition or physical problem that requires test accommodations:

6. Briefly describe the nature and severity of the individual's disabilities and how this affects the applicant's ability to take the examination, with a focus on the functional impact or limitation resulting from the specific disability: _____

7. Is the applicant's condition/disability ameliorated by medication or any other mitigating or corrective measures? Yes No If yes, please describe: _____

III. Accommodations Recommended for the General Bar Examination

Based on the applicant's condition or disability and your diagnosis, what test accommodations, if any, would you recommend? (Check all that would apply.)

Formats:

- Braille
- Tape
- Large print/18
- Large print/24

Help:

- Reader
- Typist/Transcriber
- Sign language interpreter

The bar exam is administered in three-hour sessions from 9:00 a.m. – 12:00 noon and 1:30 p.m. – 4:30 p.m. on Tuesday and Wednesday as scheduled twice each year.

Extra testing time. How much extra testing time?

___ Essay portion: ___10% ___25% ___33% ___50%
 ___ Other (specify) _____

Please provide your rationale for recommending additional time on the essay portion of the examination. _____

___ Part A (multiple-choice portion):
 ___10% ___25% ___33% ___50%
 ___ Other (specify) _____

__ MBE (multiple-choice): __10% __25% __33% __50%
__Other (specify)_____

Please provide your rationale for recommending additional time on the multiple-choice portions of the examination. _____

Extra breaks/Rest periods. How long and how often are rest breaks needed? _____

Please provide your rationale for recommending additional time for rest breaks during the examination. If you are recommending additional time for rest breaks as well as additional time on the essay and/or the multiple-choice portions of the examination, please explain why additional time for rest breaks is also necessary. _____

Extra testing days. How many total days are recommended?

Other arrangements granted (e.g., elevated table, seat near restroom, etc.)

List your academic and professional credentials allowing you to diagnose this applicant's disability. _____

IV. Examiner's/Diagnostician's Certification

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing Form

Date Signed

License/Certification Number/State



Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA

LEARNING DISABILITY VERIFICATION FORM

► **NOTICE TO APPLICANT:** This form, along with the Accommodation Verification Form, is to be completed by all licensed professionals who have been involved in diagnosis or treatment of your disability for which you seek accommodations. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

____ - ____ - ____
Social Security Number

Date(s) of Treatment

► **NOTICE TO TREATING PROFESSIONAL:** Legibly print or type your responses to the items on the following pages. Return this completed form, along with the Accommodation Verification Form, to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title and specialty: _____

Please describe your specialized training in the assessment, diagnosis, and remediation of learning disabilities with the adult population: _____

II. Diagnostic Information Concerning Applicant

In order to be entitled to accommodations based on a learning disability, the individual must provide documentation, at his/her expense, establishing that: 1) he/she has a learning disability that substantially limits a major life activity, and 2) the learning disability results in functional limitations that require accommodations in order to take the examination on an equal basis with other applicants for the examination. The evaluation must:

1. Have been administered within the last five (5) years and after the applicant's eighteenth (18th) birthday;
2. Document an information processing deficit;
3. Certify that the applicant's aptitude is within the average or above-average range;
4. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies cannot be obtained from a single subtest; and,
5. Document that the applicant is substantially limited in a major life activity.

Date of last evaluation/assessment of the applicant: _____

Provide a concise description of your diagnosis (please include the specific DSM-IV diagnosis):

III. Formal Testing

An applicant with specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include:

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in standard scores and percentiles);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues, or English as a second language) affecting the individual's performance;
4. A specific diagnostic statement. That statement should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems;" and,
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all the above outlined information, must accompany this form. It should be kept in mind that when choosing a test battery, the technical aspects of each test must be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. Again, the professional judgment of the evaluation is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability
 - Wechsler Adult Intelligence III (WAIS III) (including IQ, Index and scaled scores)
 - Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
 - Stanford-Binet Intelligence Scale (4th Ed.)
 - Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Nelson-Denny Reading Test (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate
- Test of Word Reading Efficiency
- The Wide Range Achievement Test Third Edition (WRAT-3)
- Peabody Individual Achievement Test (PIAT, PIAT-R)

Please note, The Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PIAT, PIAT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability; (Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.
- Comprehensive Test of Phonological Processes

IV. Learning Disability

1. Do you believe the applicant's motivation level, interview behavior and/or test-taking behavior was adequate to yield reliable diagnostic information/test results?

Yes No Describe how this determination was made. _____

2. Please include any informal measures, background history and clinical observations that aided you in determining that this individual has a learning disability. _____

3. Is the applicant substantially limited in a major life activity? Yes No
If yes, identify the major life activity and describe the substantial limitation. _____

4. Is the applicant significantly restricted as to the condition, manner or duration under which the applicant can perform the activity as compared to the general population?

Yes No Please explain why or why not. _____

V. Examiner's/Diagnostician's Certification

I attach hereto copies of all test results, evaluations, education 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 documentation is required.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing This Form

License/Certification Number/State Date Signed

The Florida Board of Bar Examiners may have all documentation related to this matter reviewed by a panel of professional consultants.

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION FORM

► **NOTICE TO APPLICANT:** This form, along with the Accommodation Verification Form, is to be completed by all licensed professionals who have been involved in treatment of your disability or disabilities. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

Social Security Number

Date(s) of Treatment

► **NOTICE TO TREATING PROFESSIONAL:** Legibly print or type your responses to the items on the following pages. Return this completed form, along with the Accommodation Verification Form, to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title and specialty: _____

Please describe your specialized training in the assessment, diagnosis and remediation of AD/HD with the adult population: _____

II. Diagnostic Information Concerning Applicant

The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) are used as the basic guidelines for determination of Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. An applicant warranting an AD/HD diagnosis must meet basic DSM-IV criteria including:

1. Sufficient numbers of symptoms (delineated in DSM-IV) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been “maladaptive.” The exact symptoms should be described in detail.
2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
3. Objective evidence indicating that current impairment from the symptoms is present 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.
4. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders; psychosis, substance abuse, low cognitive ability, etc.).
5. Indication of the specific AD/HD diagnostic subtype; predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

DSM-IV criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms across the applicant’s development, which cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally deemed insufficient to establish evidence for AD/HD.

AD/HD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the applicant's relevant background including family, academic, social, vocational, medical, and psychiatric history. There should be a focus on how AD/HD symptoms have been manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in coping efforts. There should be a clear attempt to rule out a variety of other potential explanations for the applicant's self-reported AD/HD difficulties.

Provide a comprehensive evaluation that addresses all five points in Section II. Diagnostic Information Concerning Applicant (above) and complete questions 1-9 that follow.

1. Provide the date the applicant was first diagnosed with AD/HD. _____
2. Provide the date of your last complete evaluation of the applicant. _____
3. At the time of your initial evaluation/consultation, did the applicant have a previously documented history of AD/HD? Yes No

If yes, briefly describe. If no, what objective evidence has been presented for your review that supports a likely history of undiagnosed AD/HD (school records, previous psychological test reports, parent interview, etc.)? _____

4. List the applicant's self-reported symptoms of AD/HD indicating sufficient qualification for DSM-IV criteria. _____

5. Does the applicant exhibit clinically significant impairment across multiple environments (academic, work, social, etc.)? Yes No If yes, briefly describe.

6. Are these self-reported symptoms of AD/HD (Question 4) and the evidence of clinically significant impairments across multiple environments (Question 5) supported by information other than the applicant's self-report (job evaluations, recent teacher evaluation, interviews with significant others)? Yes No If yes, briefly describe.

7. Does the applicant meet full DSM-IV criteria for (check which diagnosis applies):

- AD/HD, Combined Type
- AD/HD, Predominantly Inattentive Type
- AD/HD, Predominantly Hyperactive-Impulsive Type
- AD/HD, not otherwise specified

8. Is the applicant substantially limited in a major life activity? Yes No If yes, please state what activity. _____
9. Is the applicant significantly restricted as to the condition, manner or duration under which the applicant can perform the activity as compared to the general population?
 Yes No Please explain why or why not. _____
- _____
- _____

III. Formal Testing

AD/HD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self-reported AD/HD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

1. Were AD/HD questionnaires and/or AD/HD checklists completed? Yes No

Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the applicant's emotional status and rule out other psychological problems. If not used, there should be a clear explanation why they were not deemed necessary to rule out other potential explanations for reported AD/HD symptoms.

2. Was psychological testing completed? Yes No

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychiatric diagnoses.

Cognitive test results cannot be used as the sole indication of AD/HD diagnosis independent of history and interview. However, these test findings often augment the AD/HD evaluation and should be reported. 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.). In general, the applicant who has completed law school, reporting academic distress secondary to AD/HD symptoms, should demonstrate at least average to above average intelligence.

3. Was cognitive testing performed? Yes No

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of processing problems. _____

The evaluation should indicate a concern with reliability, particularly the reliability of self-report information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the applicant's motivation to achieve a specified goal.

4. Do you believe the applicant's motivation level, interview behavior, and/or test-taking behavior is adequate to yield reliable diagnostic information/test results? Yes No
If yes, describe how this determination was made. _____

IV. AD/HD Treatment

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

If yes, describe the type of treatment and explain whether this treatment is beneficial in ameliorating the AD/HD symptoms and, if so, why accommodations are necessary. If not, explain the rationale for not receiving treatment for this disability. _____

V. Examiner's/Diagnostician's Certification

I attach hereto copies of all test results, evaluations, education 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 documentation is required.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing This Form

License/Certification Number/State Date Signed

The Florida Board of Bar Examiners may have all documentation related to this matter reviewed by a panel of professional consultants.

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



PSYCHOLOGICAL DISABILITY VERIFICATION FORM

► **NOTICE TO APPLICANT:** This form, along with the Accommodation Verification Form, is to be completed by all licensed professionals who have been involved in treatment of your disability or disabilities. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

Social Security Number

Date(s) of Treatment

► **NOTICE TO TREATING PROFESSIONAL:** Legibly print or type your responses to the items on the following pages. Return this completed form, along with the Accommodation Verification Form, to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title and specialty: _____

II. Psychological Disability

1. Briefly describe the applicant's current self-reported symptoms of mental or psychological disabilities. _____

2. Are these symptoms secondary to any other disorders? Yes No

If yes, please explain. _____

3. What other diagnoses were considered? _____

4. How were other diagnoses ruled out? _____

5. Is there evidence of a co-morbid personality disorder? _____

6. How long has the applicant had a documented history of mental or psychological disability? _____

7. Is this person being treated for the condition/disability? Yes No

If yes, describe treatment. _____

8. What remediation techniques have been attempted? Have they worked? _____

9. How does this condition/disability affect the applicant's ability to complete the examination under standard conditions? _____

10. Is there any objective evidence that the requested accommodations have facilitated the applicant's test performance in the past? Yes No

If yes, please explain. _____

11. Please attach a psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include the following:

- ✓ Full mental status
- ✓ Psychological history
- ✓ Developmental milestones
- ✓ Educational history
- ✓ Differential diagnoses
- ✓ Rule out diagnosis
- ✓ Diagnostic formulation
- ✓ Prognosis
- ✓ All five axes of the DSM-IV

12. In addition, please provide test measures and scores for tests that you may have administered in making your diagnosis. The tests may include, but are not limited to, the following:

WAIS-III (all subscores and verbal and performance IQ, full scale score)

Beck's Depression Scale

Trailmaking Test A and B or Colormaking Trailmaking Test A and B

Minnesota Multiphasic Personality Inventory

Rorschach Psychodiagnostic Test

Thematic Apperception Test

Million Clinical Multiaxial Inventory

III. Examiner's/Diagnostician's Certification

I attach hereto copies of all test results, evaluations, education 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 documentation is required.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing This Form

License/Certification Number/State

Date Signed

The Florida Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



LAW SCHOOL ADMISSION COUNCIL FORM

► **NOTICE TO APPLICANT:** This form is to be completed by the LSAC official responsible for authorizing test accommodations. Please read and sign the following before submitting to the LSAC for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

____ - ____ - ____
Social Security Number

Date(s) LSAT Taken

Mail this form to: Accommodated Testing
Law School Admission Council
662 Penn Street
Box 8512
Newtown, PA 18940-0995

► **NOTICE TO LSAC OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I, _____ (name of person completing this form),
state that my position at the Law School Admission Council is _____
_____ (job title).

As such it is my responsibility to authorize any test accommodations requested by applicants with disabilities for the specific purpose of facilitating their participation as examinees.

The above named petitioner, who has previously requested test accommodations through this office, was authorized to receive test accommodations during the administration of the LSAT as outlined on the following page.

TEST ACCOMMODATIONS GRANTED: (Check Yes or No)

Yes **No**

- Did the applicant request test accommodations for each administration of the LSAT?
- If the applicant was granted test accommodations, did the applicant receive the same test accommodations for each administration of the LSAT? **If no**, and the applicant received different accommodations on different administrations of the examination, please describe. _____

- Was the applicant ever denied test accommodations on the LSAT, whether test accommodations were ultimately provided or not? **If yes**, please provide the reasons the applicant's request was denied. _____

Formats: (Check all that apply)

- Braille
 Tape
 Large type

Help: (Check all that apply)

- Reader
 Typist/Transcriber
 Sign language interpreter
 Extra breaks/Rest periods. How long and how often were rest breaks?

- Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time), or as extra minutes per hour.

On the writing sample? _____

On the multiple-choice portions? _____

What percentage of extra time granted was used? _____

- Other arrangements granted (e.g., elevated table, seat near restroom, etc.)

I certify that the information on this form is true and correct based upon the information contained in the files of LSAC.

Signature of Person Completing This Form

Date Signed



Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA

LAW SCHOOL OFFICIAL FORM

► **NOTICE TO APPLICANT:** This form is to be completed by the law school official responsible for authorizing test accommodations. Please read and sign the following before submitting to your law school for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

____ - ____ - ____
Social Security Number

Law School

____ - ____
Dates of Attendance

► **NOTICE TO LAW SCHOOL OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I, _____ (name of person completing this form),
state that my position at _____ (name of law school)
is _____ (job title).

As such it is my responsibility to authorize any test accommodations requested by students with disabilities for the specific purpose of facilitating their participation as examinees.

The above named petitioner, who is or was in attendance at this law school, was given authorization to receive test accommodations during the administration of examinations at this school as outlined on the following page.

TEST ACCOMMODATIONS GRANTED: (Check all that apply)

Formats:

- Braille
- Tape
- Large type

Help:

- Reader
- Typist/Transcriber
- Sign language interpreter
- Extra breaks/Rest periods. How long and how often were rest breaks?

- Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time), or as extra minutes per hour.

What percentage of extra time granted was used? _____

- Other arrangements granted (e.g., elevated table, seat near restroom, etc.)

I certify that the information supplied on this form is true and correct based on the information retained in the files of the law school.

Signature of Person Completing This Form

Date Signed

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



STATEMENT of JURISDICTION FORM

► **NOTICE TO APPLICANT:** This form is to be completed by the official authorizing test accommodations from every other jurisdiction in which you have applied for or received test accommodations. Please read and sign the following before submitting to any other jurisdiction(s) in the bar admission process for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Florida Board of Bar Examiners.

Applicant Signature

Date Signed

Social Security Number

Jurisdiction

Date Bar Exam Taken

► **NOTICE TO OTHER JURISDICTION OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Florida Board of Bar Examiners for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I, _____ (name of person completing this form),
state that my position at _____ (name of jurisdiction)
is _____ (job title).

As such it is my responsibility to monitor any test accommodations requested by applicants with disabilities for the specific purpose of facilitating their participation as examinees.

The above named petitioner, who applied for the _____ (month/year)
bar examination was authorized to receive test accommodations during this
examination as outlined on the following page.

