

## ACCOMMODATIONS FORM 2 LEARNING DISABILITY VERIFICATION

**NOTICE TO APPLICANT: This section of this form is to be completed by you.**

The remainder of this form is to be completed by the qualified professional who is recommending accommodations on the Minnesota Bar Examination for you, on the basis of your learning disability. Please read, complete, and sign below before submitting this form to the qualified professional who is to complete the remainder of this form.

Applicant's Full Name:

Date(s) of Evaluation/Treatment:

Applicant's Date of Birth:  mm/dd/yyyy

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 Minnesota Board of Law Examiners (MBLE) or consultant(s) of the MBLE.

Applicant's Signature:  Date Signed:

**NOTICE TO DOCTOR OR OTHER QUALIFIED PROFESSIONAL COMPLETING THIS FORM:**

**The above-named person is requesting accommodations on the Minnesota Bar Examination.** All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Minnesota Bar Examination on the basis of a learning disability. The Minnesota Board of Law Examiners (MBLE) 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.**

The MBLE may forward this information to one or more qualified professionals for an independent review of the applicant's request.

*Attach a COPY of the:*

- Comprehensive Evaluation Report conducted within the past 5 years.
- ALL records and test results on which you relied in making the diagnosis and recommending accommodations for the Minnesota Bar Examination.

**RETURN this completed form, and attachments to the applicant, who will submit the documentation to the MBLE.**

*We appreciate your assistance.*

---

**PRINT or TYPE your responses to the items below.**

**I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation and Specialty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

License Number/Certification/State \_\_\_\_\_

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations:

\_\_\_\_\_

\_\_\_\_\_

---

**II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS**

1. Name of medical professional who first diagnosed applicant's disability and date of diagnosis: \_\_\_\_\_

\_\_\_\_\_

2. When did you first meet with the applicant? \_\_\_\_\_

3. Date of your last complete evaluation of the applicant: \_\_\_\_\_

4. Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results?**  Yes  No

If no, were any symptom validity tests administered?

---



---



---

#### **ATTACH A COMPREHENSIVE EVALUATION REPORT**

An applicant's specific learning disability must be identified through an appropriate psycho-educational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. Although a learning disability normally is life-long, the severity and manifestations can change. In order to establish the current impact of the disability, the MBLR generally requires documentation from an evaluation conducted within the **last 5 years**.

#### **GUIDELINES FOR EVALUATION REPORT:**

**Attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Minnesota Bar Examination.**

**The evaluation report should include the following:**

- A. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
- B. 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 age-based standard scores and percentiles);
- C. Interpretation of the diagnostic profile that integrates assessment data, background history, and 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 applicant's performance;
- D. A specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems;" and
- E. A rationale for each recommended accommodation based on diagnostic information presented (such as background history, test scores, documented observations, etc.).

### III. GUIDELINES FOR FORMAL TESTING OF LEARNING DISABLED APPLICANTS

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as **age-based standard scores and percentiles**. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

#### 1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th ed.)
- Kaufman Adolescent and Adult Intelligence Test

**Please Note:** The following primarily screening instruments are not comprehensive measures of aptitude/cognitive ability:

- The Slossen Intelligence Test
- Kaufman Brief Intelligence Test

#### 2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement

- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)

**Please Note:** The following are NOT comprehensive measures of academic achievement and should NOT be used as sole measures in this area:

- Wide Range Achievement Test: Third Edition (WRAT-3)
- Peabody Individual Achievement Test (PIAT, PIAT-R)
- Nelson Denny Reading Test

#### 3. Information Processing

- Wechsler Memory Scale III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Word-finding (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.

## THE MINNESOTA BAR EXAMINATION STANDARD TESTING CONDITIONS

**Under standard testing conditions, the Minnesota Bar Examination is a timed, written examination administered on Tuesday and Wednesday as scheduled twice each year. The standard exam schedule is as follows:**

9:00 a.m. – 12:00 p.m. – 3 Hrs.

12:00 p.m. – 1:30 p.m. – 1.5 Hrs. LUNCH BREAK

1:30 p.m. – 4:30 p.m. – 3 Hrs.

### FIRST DAY:

The exam consists of:

- MORNING SESSION: Two multistate performance test (MPT) questions
- AFTERNOON SESSION: Six essay questions

The essay and MPT 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 (with prior registration), or
- Handwrite their answers.

### SECOND DAY:

The exam consists of 200 multiple-choice questions (MBE):

- MORNING SESSION: 100 questions
- AFTERNOON SESSION: 100 questions

Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

### Examinees Are:

- Assigned seats, two per eight-foot table, in a room set for as many as 700 examinees.
- NOT permitted to bring food, beverages, or other items into the testing room unless approved as test accommodations.
- Permitted to use small foam earplugs provided by the MBLE.
- Able to leave the room ONLY to use the restroom or drinking fountain, within the time allotted for the test session.

The examination is administered in a quiet environment.

**IV. RECOMMENDATION**

Taking into consideration the above description of the Minnesota Bar 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?

(CHECK ALL THAT APPLY)

**Test Question Formats:**

- Braille
- Large Print: **18-point** Font
- Audio CD
- Large Print: **24-point** Font
- Microsoft Word document on data CD for use with screen-reading software

**Assistance:**

- Reader
- Typist/Transcriber for essay/MPT
- Scribe for MBE

Explain your recommendation(s):

---



---

- Extra Testing Time:** Indicate below how much extra testing time is requested:

Test Portion	Standard Time	Extra Time Requested
Essays and Performance Test Questions	3 Hours AM 3 Hours PM	
MBE/Multiple-Choice	3 Hours AM 3 Hours PM	

Explain why extra testing time is necessary and describe how it will alleviate the limitations due to disability. If either the amount of time or your rationale is different for different portions of the examination, please explain. Would extra breaks or longer breaks be insufficient to accommodate the applicant's functional limitations, rather than additional testing time?

---



---



---

- Extra Breaks:** Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

---

---

---

---

- Other Arrangements:** (e.g., elevated table, limited testing time per day, lamp, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

---

---

---

---

---

## V. PROFESSIONAL'S SIGNATURE

**I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form.**

I certify that the information on this form is true and correct based upon the information in my records.

---

Signature of person completing this form

Date signed

Please print name: \_\_\_\_\_

Title: \_\_\_\_\_ Daytime telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_