

## ACCOMMODATIONS FORM 3

### ATTENTION DEFICIT/HYPERACTIVITY DISORDER 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 attention deficit/hyperactivity disorder. 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 AD/HD. 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 3 years and includes 5 points addressed on page 3.
- 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.**

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**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:

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\_\_\_\_\_

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**II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS**

1. **The date the applicant was first diagnosed with AD/HD.** Date: \_\_\_\_\_

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.

Name of diagnosing professional: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

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

4. **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.

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### 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 MBL generally requires documentation from an evaluation conducted within the **last 3 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.

#### GUIDELINES FOR EVALUATION REPORT:

The comprehensive evaluation report must address 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.

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### 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 showing that levels of AD/HD symptoms fall in the abnormal range?  Yes  No

If "Yes," please provide copies of test results.

2. **Is there evidence from empirically validated rating scales completed by more than one source showing that the applicant has been significantly impaired by AD/HD symptoms?**  Yes  No

If "Yes," briefly describe the test findings:

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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 test findings:

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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 test findings:

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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:

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#### 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:

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If "No," explain why treatment is not being pursued:

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## 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 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 MBE.
- 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.

## V. 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Braille   | <input type="checkbox"/> Large Print: <b>18-point</b> Font |
| <input type="checkbox"/> Audio CD  | <input type="checkbox"/> Large Print: <b>24-point</b> Font |
| <input type="checkbox"/> Microsoft Word document on data CD for use with screen-reading software |  |

### Assistance:

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

Explain your recommendations:

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- 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?

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- 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.

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

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## VI. 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.

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Signature of person completing this form

Date signed

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

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