

## ACCOMMODATIONS FORM 4 PSYCHOLOGICAL 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 a psychological 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 psychological 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 as stated 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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### **II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS**

1. **What is the applicant's DSM-IV-TR (or most current version) diagnosis?**

**Please complete all five axes.**

If diagnosis is not definitive, please list differential diagnoses:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

2. **Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions:

**NOTE:** psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

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4. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the bar examination:

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** MBL requires an applicant's psychological disability to have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- Psychiatric/psychological history
- Relevant developmental, educational, and familial history
- Relevant medical and medication history
- Results of full mental status examination
- Description of current functional limitations in different settings
- Results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- Diagnostic formulation, including discussion of differential or "rule out" diagnoses
- Prognosis

## 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 allowed to bring food, beverages, or other items into the testing room unless approved as test accommodations.
- Allowed 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.

### III. RECOMMENDATION

Taking into consideration the above 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?

(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 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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#### IV. 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: ( \_\_\_\_\_ ) \_\_\_\_\_