

FORM 4

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) 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 Arizona Committee on Examinations.

Applicant Signature

Date Signed

Last 4 digits of Social Security Number

Date(s) of Treatment

NOTICE TO TREATING PROFESSIONAL: The following is the Committee's policy for determining whether to grant test accommodations on the Arizona Bar Examination:

In deciding petitions for accommodations by bar applicants, the Committee relies upon the following definition of disability contained in the Americans with Disabilities Act Amendments Act (ADAAA) 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. 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.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA 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 ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Committee is an individualized inquiry and will be made on a case-by-case basis, per individual and per examination administration.

Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Arizona Committee on Examinations 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 attach a copy of your curriculum vitae. Please describe your specialized training in the assessment, diagnosis and remediation of attention deficit disorders with the adult population:

II. Applicant's Disability

1. Briefly describe the applicant's diagnosis: _____

2. The applicant's treatment consisted of (include dates): _____

3. Is this a permanent condition/disability? () Yes () No

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

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

5. 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: _____

6. Is the applicant's condition/disability ameliorated by medication or any other corrective measures? () Yes () No

If yes, please describe: _____

III. Diagnostic Information Concerning Applicant

The current diagnostic criteria according to the Fifth Edition Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) is used as the basic guideline for determination of Attention Deficit/ Hyperactivity Disorder (AD/HD) diagnosis. An applicant warranting an AD/HD diagnosis should meet basic criteria including:

1. Sufficient numbers of symptoms 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.

Current DSM 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 six 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 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 current DSM 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 current DSM criteria for (check which diagnosis applies):

- AD/HD, Combined Presentation
- AD/HD, Predominantly Inattentive Presentation
- AD/HD, Predominantly Hyperactive-Impulsive Presentation
- 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: _____

IV. 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: _____

V. 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: _____

VI. Accommodations Recommended for the 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.)

Alternative Formats

- Large Print Examination Materials (check one: 18 pt or 24 pt)
- Braille
- Audio CD
- Extended Time (complete applicable section)
- Other please specify: _____

Personal Assistance

- Dictate to a Digital Recorder
- Dictate to a Typist/Reporter
- Reader for MEE/MPT
- Scribe for MBE
- Assistance with MBE Scantron sheet
- Other please specify: _____

Testing Environment

- Distraction reduced setting
- Wheelchair accessible
- Other please specify: _____

Please provide rationale for request(s) indicated above: _____

The bar exam is administered in three-hour sessions from 9:00 a.m. to 12:00 noon and 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday as scheduled twice each year. If recommending additional time on the examination, please provide rationale.

() Recommend Extra Testing Time - Essay portion: 10% 25% 33% 50%

() Other (specify): _____

Rationale: _____

() Recommend Extra Testing Time - MBE portion (multiple-choice): 10% 25% 33% 50%

() Other (specify): _____

Rationale: _____

() **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 recommended? _____

() Other arrangements recommended (e.g., elevated table, seat near restroom, etc.): _____

Please list your academic and professional credentials allowing you to diagnose this applicant's disability: _____

VII. 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 Form

Date Signed

License/Certification Number/State