

FORM 5

PSYCHOLOGICAL DISABILITY 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 Supreme Court Committee on Examinations (Committee).

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 Uniform Bar Examination:

In deciding requests for accommodations, 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 Supreme Court 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: _____

Attach a copy of your curriculum vitae. Describe your specialized training in the assessment, diagnosis and remediation of psychological disabilities with the adult population:

II. Diagnostic Information

Documentation must establish:

1. The individual has a mental or psychological disorder that substantially limits a major life activity, and
2. The mental or psychological disorder results in functional limitations that require accommodations in order to take the bar examination on an equal bases with other applicants for the bar exam.

Evaluation must:

1. Have been administered recently, in most cases within the past five (5) years and completed with reference to adult norms, and include
2. A psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include:
 - Full mental status
 - Psychological history
 - Developmental milestones
 - Educational history
 - Differential diagnoses
 - Rule out diagnoses
 - Diagnostic formulation
 - Prognosis
 - Current DSM
3. Provide test measures and scores for tests that you have administered in making your diagnosis. The tests may include but are not limited to, the following or more recent versions of these assessments:
 - WAIS-III (all sub-scores and verbal and performance IG, full scale score)
 - Beck's Depression Scale
 - Trailmaking Test A and B or Colormaking Trailmaking Test A and B
 - Minnesota Multiphasic Personality Inventory

- Rorschach Psychodiagnostics Test
- Thematic Apperception Test
- Million Clinical Multiaxial Inventory

III. Psychological Disability

1. Concisely describe the diagnosis: _____

2. Provide the date of your last evaluation of the applicant: _____

3. Describe the applicant's current self-reported symptoms of mental or psychological disabilities: _____

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

If yes, explain: _____

5. What other diagnoses were considered? _____

6. How were other diagnoses ruled out? _____

7. Is there evidence of a co-morbid psychological disorder? _____

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

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

If yes, describe treatment: _____

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

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

12. 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. _____

IV. 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? Please include explication in terms of symptom severity and frequency. (Check all that apply).

TEST SCHEDULE

Standard Test Schedule: Four sessions over two days

Day One –

MEE six essay questions administered in one 3-hour session followed by a break.

MPT two performance questions administer in one 3-hour session.

Day Two –

MBE 100 multiple choice questions administered in one 3-hour session followed by a break.

MBE 100 multiple choice questions administered in one 3-hour session.

Examinees are permitted access to water, medication, and restrooms during testing.

☐ Modified Alternative Test Schedule Request:

If an extended time schedule is being requested, specify the amount of additional time requested for each session of the bar examination. Explain why additional specified time is needed for each test format of the examination.

All requests for additional time, extra breaks, or limited hours in a day, must specify the amount or duration. If specific detail is not indicated, the request for accommodation will be deemed incomplete. No accommodation of unlimited time will be considered or granted.

Generally, the following alternative schedules will apply, though some variations may occur:

Test sessions for extended time of 25% or more will be split into 8 sessions and tested over 4 days.

Test sessions for extended time below 25% will be tested over 2 days and may results in a test day with more than the standard 6 hours of testing in one day.

MEE and MPT (essay and performance exams) - ☐ 10% ☐ 25% ☐ 33% ☐ 50% ☐ 100%

Rationale Required:

MBE (multiple choice exam) - ☐ 10% ☐ 25% ☐ 33% ☐ 50% ☐ 100%

Rationale Required:

Other:

Specify any other requested alteration to the test and break schedule noted above.

Request and Required Rationale:

TEST ENVIRONMENT

Standard Test Environment:

Standard testing generally occurs in one large, secured room with examinees seated 2-4 feet apart at a shared or individual table. Great care is taken to ensure the environment is suitable for high stakes testing.

☐ **Modified Alternative Test Environment Request:**

☐ Distraction reduced setting

☐ Private setting

☐ Other please specify _____

Rationale Required:

TEST MATERIAL DELIVERY & RESPONSE FORMATS

Standard Test Materials Format:

The bar exam is administered in-person at an event venue, not a testing center. Instructions are read aloud before the start of the exam. Exam materials are provided in 12-point font printed paper format. MEE and MPT answers may be typed on examinee personal laptop computer if examinee has registered, paid, and downloaded approved software from the attorney admissions designated vendor. All examinees answer MBE questions using pencils and paper scantron bubble sheets provided to them at the exam.

☐ **Modified Alternative Format Request:**

☐ Large Print Examination Materials: ☐ 18 pt or ☐ 24 pt

☐ Braille

☐ Audio CD

☐ Other please specify: _____

Rationale Required:

☐ **Personal Assistance Request:**

If the Committee authorizes the use of personal assistance to transcribe exam answers, the Committee will arrange to have a qualified person available at the examination.

☐ Dictate to a Digital Recorder

☐ Dictate to a Typist/Reporter

☐ Reader for MEE/MPT

☐ Scribe for MBE

☐ Assistance with MBE Scantron sheet

☐ Alternate format for MBE Scantron sheet

☐ Printed instructions

☐ Other please specify: _____

Rationale Required:

TEST EQUIPMENT

Standard Equipment Provided: Tables, chairs, and lighting will be standard unless a specific request related to the disability is requested and granted. All examinees are provided with disposable foam earplugs for each session of the exam. Use of a personal laptop, wired keyboard, and wired mouse are permitted for registered laptop users on MEE and MPT test day(s). No wireless devices are permitted.

☐ **Request Permission to Bring Special Furniture or Equipment**

Description Required:

Rationale Required:

PERMITTED AND PROHIBITED ITEMS

Standard Permitted Items:

The following items are permitted into the exam room in **ONE clear, quart or gallon sized zip top style plastic food storage bag provided by the applicant:**

- Wallet
- Money or credit card
- Government issue ID for entry
- Keys
- Non-digital (analog) wristwatch
- Sunglasses, eyeglasses, contact solution, eyedrops
- Prescription medication(s) with prescription label
- Non-prescription medication(s) removed from packaging
- Feminine hygiene products in original wrappers
- Transparent water bottle(s) with no label or writing
- Laptop, power cord, wired mouse, wired keyboard on MEE and MPT test day(s) if laptop certified.

If an item is not on the above Permitted Items list, it is prohibited—this is strictly enforced.

☐ **Request Permission to Bring Personal/Prohibited Item(s):**

Description Required for Each Requested Item:

Rationale Required for Each Requested Item:

☐ **OTHER REQUEST**

Specify Request and Rationale for any accommodation request not already addressed in this application:

V. Examiner's/Diagnostician's Certification

I attach hereto copies of all objective test results, evaluations, or reports relied upon in making diagnosis of the applicant's condition/disability and/or recommendation for accommodation. **(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.

Printed Name of Professional Completing Form

License/Certification Number/State

Signature of Professional Completing Form

Date