

FORM 3

LEARNING 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 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 Supreme Court Committee on Examinations for consideration of the applicant's request for test accommodations. Attach copies of current objective test results, evaluations, and reports relied upon in making diagnosis of the applicant's disability and current level of impairment in support of your recommendation for accommodation. This documentation is required.

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 learning disabilities with the adult population:

II. Diagnostic Information Concerning Applicant

Documentation must establish:

1. The individual has a learning disability that substantially limits a major life activity, and
2. The learning disability results in functional limitations that require accommodations in order to take the examination on an equal basis with other applicants for the bar examination.

Evaluation must:

1. Have been administered recently, in most cases within the past five (5) years and completed with reference to adult norms;
2. Certify that the applicant's aptitude is within the average or above-average range;
3. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies cannot be obtained from a single subtest, and
4. Document that the applicant is substantially limited in a major life function.

Date of last treatment/assessment with applicant: _____

Provide a concise description of your diagnosis (please include the specific DSM-5 diagnosis):

III. Formal Testing

An applicant with specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. **This report should include:**

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. 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 for the general adult population and be reported in standard scores and percentile(s);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, 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 individual's performance;
4. A specific diagnostic statement. That statement should not include nonspecific terms such as "learning differences," "learning styles" or "academic problems," and
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including the above outlined information, should accompany this form in order to allow the Committee to properly assess. Keep in mind that, when choosing a test battery, the technical aspects of each test should be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. **The following list of tests** is provided as a guide to assessment instruments appropriate for the adult population. **It is not intended to be all-inclusive or may not reflect the most current version of the assessment currently being used and will vary with the needs of the individual being evaluated:**

Aptitude/Cognitive Ability

- Wechsler Adult Intelligence III (WAIS III) (including IQ, Index and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
- Stanford-Binet Intelligence Scale (4th Ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and typically do not constitute a sufficient measure of aptitude/cognitive ability.

Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Nelson-Denny Reading Test (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate
- Test of Word Reading Efficiency
- The Wide Range Achievement Test Third Edition (WRAT-3)
- Peabody Individual Achievement Test (PIAT, PIAT-R)

Please note: The Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PIAT, PIAT-R) typically do not constitute a sufficient measure.

Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (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.
- Comprehensive Test of Phonological Processes.

IV. Learning Disability

1. Do you believe the applicant's motivation level, interview behavior, and/or test-taking behavior was adequate to yield reliable diagnostic information/test results? ☐ Yes ☐ No

Describe how this determination was made: _____

2. Include any informal measures, background history, and clinical observations that aided you in determining that this individual has a learning disability. _____

3. Is the applicant substantially limited in a major life activity? ☐ Yes ☐ No

If yes, identify the major life activity and describe the substantial limitation:

4. 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

Explain why or why not: _____

V. 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? 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% ☐ 50% ☐ 100%

Rationale Required:

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

Rationale Required:

Other Alternate Schedule Request. Specify any other requested alteration to the standard test and break schedule not already addressed in this application:

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:

VI. Examiner's/Diagnostician's Certification

I attach hereto copies of current objective test results, evaluations, and reports relied upon in making diagnosis of the applicant's disability and current level of impairment in support of the above recommended 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