

FORM C: LEARNING DISABILITY VERIFICATION

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the bar examination for you on the basis of a learning disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. This form MUST be filed with Form A at the same time the Application for Admission is filed.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

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 Texas Board of Law Examiners or consultant(s) of the Texas Board of Law Examiners.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Texas 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 bar examination on the basis of a learning disability. The remainder of this form must be completed by a licensed physician or other licensed health care provider qualified to diagnose and treat adults with a learning disability. **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.** Attach a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and accommodations recommendation for the Texas Bar Examination. We appreciate your assistance.

The Texas Board of Law Examiners may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below. **Return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission to the Texas Board of Law Examiners.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

City/State/Zip: _____

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. _____

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. Provide the date the applicant was first diagnosed with a learning disability. _____

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.

3. When did you first meet with the applicant? _____

4. Provide the date of your last complete evaluation of the applicant. _____

5. Provide a concise description of your diagnosis. Please include the specific DSM diagnosis, using the most current version of the DSM:

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities. Describe in detail any major life activities (e.g., seeing, hearing, learning, reading, etc.) that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, please so state.

7. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? Yes No

Describe how this determination was made.

Was testing performed to assess the possibility that a lack of motivation or effort affected the test result? Yes No

Describe the findings, including the results of symptom validity tests. If such tests were not administered, please state why they were not.

ATTACH A COMPREHENSIVE EVALUATION REPORT. The applicant's 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. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a learning disability normally is lifelong, the severity and manifestations can change. The Texas Board of Law Examiners generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. **Attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Texas Bar Examination.** The evaluation report should include the following:

- A. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
- B. Clear, objective evidence of a substantial limitation in learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained through standardized test(s) appropriate to the general adult population and be reported in age-based standard scores and percentiles);
- C. Interpretation of the diagnostic profile that integrates assessment data, background history, and 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 applicant's performance;
- D. A specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems;" and
- E. A rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

III. FORMAL TESTING

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- 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 should not be considered comprehensive measures of aptitude or cognitive ability.

2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)

Please note: The Wide Range Achievement Test: Third Edition (WRAT-3), the Peabody Individual Achievement Test (PIAT, PIAT-R), and the Nelson Denny Reading Test are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. 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.

IV. ACCOMMODATIONS RECOMMENDED FOR THE TEXAS BAR EXAMINATION

As background for the specific inquiries we make concerning applicant's need for testing accommodations on the 2½ day Texas Bar Examination (TBE), we are providing you with the following description of the TBE, as well as the standard testing conditions under which it is administered.

- A. *Day One consists of one 3-hour testing session in the morning, during which the following two 90-minute test segments are administered. There is no afternoon testing session; examinees have this afternoon off.*
 1. *Multistate Performance Test: This 90-minute test on fundamental lawyering skills involves a writing project. Examinees are provided with a set of facts, a library of cases and/or statutes, and an assignment to perform a lawyerly task using the materials provided. **The official instructions advise the examinee to allocate half of this time for reading and organizing and half of it for actual writing of the project.** The answer booklet provided for the project contains 12 pages, each with 18 lines. Examinees do not typically fill the complete answer booklet.*
 2. *Procedure & Evidence Questions: This 90 minute test consists of 40-50 objective, short answer questions. Examinees must limit each answer to the five (5) lines provided after each question.*
- B. *Day Two consists of one 3-hour morning session and one 3-hour afternoon session, with a 1-1½ hour lunch break in between sessions. During each session, examinees are administered a 100-question multiple-choice examination which must be answered by "bubbling" in answers on a computer-graded grid sheet.*
- C. *Day Three also consists of one 3-hour morning session and one 3-hour afternoon session, with a 1-1½ hour lunch break in between sessions. During each session, examinees are administered an essay test consisting of six essay questions in various subject matters.*

During each session, the examinee is provided with six (6 page, 18 lines each) answer booklets, in each of which the examinee writes 1 essay.

D. The typical physical testing environment consists of a large room in which 150 - 800 examinees are seated in assigned seats, two to a 6-8' table. Examinees are not allowed to have food or drink in the testing room; they are allowed to leave the room to go to the restroom or to the water fountain.

Taking into consideration this 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:	Specific Rationale:
<input type="checkbox"/> Braille	
<input type="checkbox"/> Audio CD	
<input type="checkbox"/> Large print/18-point font	
<input type="checkbox"/> Large print/24-point font	

Assistance:	Specific Rationale:
<input type="checkbox"/> Reader	
<input type="checkbox"/> Court Reporter/Scribe	
<input type="checkbox"/> MBE Grid Assistance	

Extra testing time. Indicate below how much extra testing time is recommended and the rationale:

Day 1, Segment 1: Multistate Performance Test (MPT) 90-minute writing project (lawyering skills) Recommend: ½ for reading/organizing, ½ for writing	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Day 1, Segment 2: Procedure & Evidence Questions (P&E) 90-minute short answer exam	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Day 2: Multistate Bar Examination (MBE) 200-question standardized test divided into two 3-hour sessions	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Day 3: Texas Essays 12 essay questions in 6 subject areas, divided into two 3-hour sessions	
Additional time requested <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____	Specific rationale for additional testing time on this segment

Other arrangements (e.g., wheelchair access, elevated table, beverage, food, medication, lamp, magnifying glass, etc.). Describe the arrangements and provide a rationale for the request.

V. PROFESSIONAL’S SIGNATURE AND VERIFICATION

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.

If there is some ethical or professional reason that I cannot attach the required records to this **Form C** for return to the applicant, I hereby certify that I will mail the required records directly to the Texas Board of Law Examiners, directed to the attention of the Director of Examination & Eligibility, at the following address: P.O. Box 13486, Austin, Texas 78711-3486. **I understand that the applicant’s request for testing accommodations will not be processed without these records.**

I understand that the applicant must file this completed Form B at the same time as the applicant files his/her application for admission to take the Texas Bar Examination, and that stringent deadlines apply to such filing.

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

I understand that a representative or agent of the Texas Board of Law Examiners may contact me for clarification of my responses on this form.

Signature of person completing this form

Date signed

Title

Daytime telephone number