

**FORM D: ATTENTION DEFICIT HYPERACTIVITY DISORDER  
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 ADHD. 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 ADHD. The remainder of this form must be completed by a licensed physician or other licensed health care provider qualified to diagnose and treat adult attention disorders. **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.** Please 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. \_\_\_\_\_

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\_\_\_\_\_

**II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. Provide the date the applicant was first diagnosed with ADHD. \_\_\_\_\_

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. Describe the applicant's **current** symptoms of ADHD that cause **significant** impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.

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6. Describe the applicant's symptoms of ADHD that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, job performance assessments, etc.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Texas Board of Law Examiners generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. The diagnostic criteria as specified in the most current version of the *Diagnostic and Statistical Manual of Mental Disorders* are used as the basic guidelines for determination of an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. The diagnosis depends on objective evidence of ADHD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant's self-report alone is insufficient to establish the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

- A. Sufficient numbers of symptoms (delineated in the DSM) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is "maladaptive" and inconsistent with developmental level. The exact symptoms should be described in detail.
- B. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.
- C. Objective evidence indicating that current impairment from the symptoms is observable 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.

- D. A determination that the symptoms of ADHD are not a function of some other mental disorder (such as a mood, anxiety, personality disorder, psychosis, substance abuse, low cognitive ability, etc.).
- E. Indication of the specific ADHD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

### III. FORMAL TESTING

Psychological testing and self-report checklists cannot be used as the sole indicator of ADHD diagnosis independent of history and interview. However, such findings can augment clinical data. 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 ADHD (inattention, working memory, etc.).

- 1. Is there evidence from empirically validated rating scales completed by more than one source that levels of ADHD symptoms fall in the abnormal range?  Yes  No

If yes, please provide copies.

- 2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by ADHD symptoms?  Yes  No

If yes, briefly describe the findings.

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- 3. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?  Yes  No

If yes, briefly describe the findings.

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4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) or test anxiety as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?  Yes  No

If yes, briefly describe the findings.

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5. 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.

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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.

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#### IV. ADHD TREATMENT

Is the applicant currently being treated for ADHD?  Yes  No

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the ADHD symptoms. If it is effective, explain why accommodations are necessary.

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If no, explain why treatment is not being pursued.

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## V. 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:

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

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

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

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

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.

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**VI. 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 D** 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 D 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