# Guidelines for reports from Qualified Professionals (and other Required Documentation) to support accommodations on the Texas Bar Exam for Psychological Disabilities

## 1. Definition

1.1. "Psychological disabilities" is a generic term referring to a range of syndromes and conditions characterized by different types and degrees of emotional, developmental, cognitive, and/or behavioral manifestations.

1.2. Common subtypes of psychological disorders include but are not limited to

- obsessive-compulsive disorders
- bipolar disorders
- generalized anxiety disorders
- mood disorders, and
- post-traumatic stress disorders.

## 2. The report must be from a Qualified Professional

2.1. According to the ADA, "A qualified professional is licensed and otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought."

2.2. The following professionals generally are considered qualified to evaluate and diagnose psychological disabilities if they have comprehensive training in differential diagnosis and relevant expertise and appropriate licensure or certification:

- psychologists
- neuropsychologists
- psychiatrists
- other relevantly trained medical doctors
- school psychologists
- clinical social workers
- psychiatric nurse practitioners

Supplemental information from other relevantly trained professionals may be helpful in support of requested accommodations.

2.3. The report should clearly state the name, title, and professional

credentials of the Qualified Professional — including information about their licensure or certification, areas of specialization, employment, and the state or province in which they practice.

2.4. All reports should be on letterhead, in English, dated, signed by the Qualified Professional, and legible.

**3. The report must document the applicant's need for testing accommodations**

3.1. The report should be based on more than the applicant's self-report.

- Checklists or surveys can serve to supplement the diagnostic profile but may not, in and of themselves, be adequate for identifying functional limitations and are not a substitute for clinical observations and sound diagnostic judgment.

3.2. The report should be more than just a diagnosis.

3.3. The report should address the current DSM criteria.

- Include a specific diagnosis of (including the subtype) based on the current DSM diagnostic criteria. Provide a rationale and supporting data to substantiate the diagnosis.
- Rule out alternative explanations for symptoms and investigate and discuss the possibility of dual diagnoses.
- Explore any educational and cultural factors potentially affecting the diagnosis, and the ameliorative effects of medications, strategies and/or treatments.
- Address the severity and frequency of the symptoms and whether they substantially impair a major life activity.
- Do not simply refer to a prior diagnosis as confirmatory evidence of the disability.
- Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.

3.4. The report should include a summary of the diagnostic interview conducted by the Qualified Professional. The information collected for

the diagnostic interview should include, but not be limited to, the following:

- history of presenting symptoms of the disability when active (e.g., palpitation, sweaty palms, disoriented thinking, mental fatigue)
- onset of the disorder and duration and severity of the symptoms (including discussion that separates common test-taking anxiety from a diagnosed condition)
- relevant developmental, historical, and familial data (including any hospitalization, outpatient treatment, and visits to counseling and mental health services)
- relevant medical and medication history, including the individual's current medication regimen compliance, effects of medication (either positive or negative), including whether the typical medical regimen was in effect at the time of the evaluation
- educational history (including previous standardized test scores, group-administered test scores, IEPs, 504 Plans, report cards and/or listings of previously obtained accommodations and evidence of their effectiveness)
- a description of current functional limitations in academic testing or employment settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance, work or job performance)
- if relevant to test-taking performance, a description of the expected progression or stability of the impact of the condition over time
- if relevant to test-taking performance, information regarding type of treatment received, its effectiveness, and the duration and frequency of the therapeutic relationship
- if relevant, information regarding sleep hygiene and possible impact on functioning in a test-taking situation

3.5. If available at the time of the interview, the applicant should provide the following to the Qualified Professional:

- Undergraduate, graduate, and law school transcripts from *each* institution they have attended
- LSAT scores
- MPRE scores

3.6. Tests

All tests used should be current and have sufficient reliability, validity, and utility for the specific purposes for which they are being employed. All tests also should be normed on relevant populations, and the results should be reported in standard scores and/or percentile ranks. Tests that have built-in validity scales or indicators are preferred over those that do not.

A sample of acceptable tests is included as Appendix A.

**4. The report should be current.**

4.1. In most instances, an evaluation should have been conducted within twelve months of the requested accommodations.

However, there is room for flexibility, depending on: (a) the nature and type of disability, including its stated or implied course; (b) the severity of the disability; (c) the history of onset and/or duration of the disability; and (d) other conditions at the time of last assessment, such as treatment status and stability of functioning.

4.2. In some situations, a clinical update may be used. A clinical update is typically a letter from the treating clinician(s) specifically addressing current symptomatology or disability status, as well as response to a previously documented recommendation for intervention as it relates to a condition that is of more recent onset.

4.3. Sometimes a more comprehensive documentation update will be necessary. A documentation update is a report by a Qualified Professional that includes a summary of the original disability documentation findings, as well as additional clinical data necessary to establish the candidate's current need for the requested testing accommodation(s).

A summary in a documentation update should include:

- restatement of the current diagnosis, including date(s) for all prior diagnoses and data that were used to establish each diagnosis (evidence regarding the diagnosis should be more than a self-report by the test taker)
- verification of continuing weaknesses in those areas identified in prior evaluation(s)
- discussion of current functional limitations due to the disability, including information regarding its frequency, duration, and impact on academic performance in general and on test taking in particular
- observational data gathered during the evaluation, including affect, concentration, attentional fatigue, executive functioning, personal hygiene, and response to questions
- types of accommodations received and used in the past, consistency and circumstances of use (e.g., the type of test for which accommodations were most helpful), or an explanation of why no accommodations have been used prior to the current request but are needed now
- discussion of the appropriateness of the requested accommodations for the bar exam

Additional evaluation data for a documentation update may include achievement measures that substantiate the ongoing impact of the disability on academic performance. The documentation update need not include a full battery of tests but may include selected academic tests and subtests deemed appropriate to support requested accommodations. Furthermore, there should be an explanation of why certain subtests were selected for the update, interpretation of the reported scores, and a discussion of how error patterns in the candidate's performance reflect a substantial limitation to learning and/or test taking.

**5. In addition to the report, applicants must also upload the following Required Documentation to ATLAS:**

5.1. Copies of undergraduate, graduate, and law school transcripts from each institution you have attended as an undergraduate, graduate, or law student. Student copies are acceptable.

5.2. LSAT report. To get your LSAT report:

- Log in to your LSAC account at www.lsac.org.
- Click on "Item Response Report" under the LSAT and LSAT Status tab
- Print the report
- For help, contact LSAC at (215) 968-001.

## Appendix A

**Selected examples of tests and instruments that may be used to supplement the clinical interview and support the presence of functional limitations:**

Rating scales

Self-rater or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but no single test or subtest should be used solely to substantiate a diagnosis.

- Beck Anxiety Inventory
- Beck Depression Inventory-II
- Brief Psychiatric Rating Scale (BPRS)
- Burns Anxiety Inventory
- Burns Depression Inventory
- Children's Depression Inventory
- Hamilton Anxiety Rating Scale
- Hamilton Depression Rating Scale
- Inventory to Diagnose Depression
- Multidimensional Anxiety Scale for Children (MASC)
- Profile of Mood States (POMS)
- State-Trait Anxiety Inventory (STAI)
- Symptom Checklist-90-Revised
- Taylor Manifest Anxiety Scale
- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Neuropsychological and psychoeducational testing

Cognitive, achievement and personality profiles may uncover attention or information-processing deficits, but no single test or subtest should be used solely to substantiate a diagnosis.

- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet 5 (SB5)
- Wechsler Adult Intelligence Scale – IV (WAIS-IV)
- Woodcock-Johnson® III – Tests of Cognitive Abilities

Academic Achievement

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills (TASK)

- Wechsler Individual Achievement Test-III (WIAT-III)
- Woodcock-Johnson® III – Tests of Achievement

Subject-specific Measures

- Nelson-Denny Reading Test
- Stanford Diagnostic Mathematics Test
- Test of Written Language-4 (TOWL-4)
- Woodcock Reading Mastery Tests – Revised

Information Processing

- California Verbal Learning Test-II
- Category Test
- Comprehensive Test of Phonological Processing (CTOPP)
- Continuous Performance Test
- Delis Kaplan
- Detroit Tests of Learning Aptitude-Adult (DTLA-A)
- Detroit Tests of Learning Aptitude-3 (DTLA-3)
- Halstead-Reitan Neuropsychological Test Battery
- Rey-Osterrieth Complex Figure Test
- Stroop Interference Test
- Test of Memory Malingering (TOMM)
- Trail Making Test
- Wechsler Memory Scale III (WMS-III)
- Wisconsin Card Sorting Test
- Information from subtests on the WAIS-IV or Woodcock-Johnson III – Tests of Cognitive Abilities, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

Personality Tests

- Millon Adolescent Personality Inventory (MAPI)
- Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)
- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- NEO Personality Inventory-Revised (NEO-PI-R)
- Personality Assessment Inventory (PAI)

- Personality Diagnostic Questionnaire-4 (PDQ)
- Sixteen Personality Factor Questionnaire (16PF)
- Thematic Apperception Test (TAT)

Anxiety/Depression

- Anxiety Sensitivity Index (ASI)
- Beck Depression Inventory II (BDI-II)
- Patient Health Questionnaire (PHQ-9)
- Satisfaction with Life Scale (SWLS)
- State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA)
- Perceived Stress Reactivity Scale (PSRS)
- The Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Eating Disorders

- Eating Disorder Examination-Questionnaire (EDE:Q)

Sleep

- Insomnia Severity Index Test

## Appendix B
## Texas Bar Exam under Standard Conditions

1. Texas Bar Exam under Standard Conditions

    - The bar exam is given in a large room with 150-1,100 examinees seated in assigned seats. Examinees may bring in a water bottle and cannot bring in any other food or drinks. They may leave their seats during the exam to stretch, go to the restroom, or refill their water bottle.
    - The exam is a two-day exam, with a morning session and an afternoon session each day. Each morning session starts at 8:30 a.m. Examinees have a lunch break of about 60-90 minutes. Each afternoon session starts at 1:30 p.m.

2. **Day 1 morning session (MPT)**

    - Examinees are given two paper booklets. Each booklet contains a set of facts, a library of legal resources, and an assignment to perform a lawyerly task using the materials provided. The official instructions recommend that examinees allocate half of their time on each assignment for reading and organizing and half for writing the assignment.
    - Examinees may either type their answers using their laptop or handwrite their answers into a lined paper booklet.

3. **Day 1 afternoon session (Essays)**

    - Examinees are given a paper booklet containing 6 essay questions.
    - Examinees may either type their answers using their laptop or handwrite their answers into a lined paper booklet.

4. **Day 2 morning session (MBE)**

    - Examinees are given a paper booklet containing 100 multiple-choice questions. They have 3 hours to answer. They record their answers by "bubbling" in on a computer-graded Scantron grid.

5. **Day 2 afternoon session (MBE)**

    - Same as the morning session.