



Utah State Bar
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TEST ACCOMMODATION REQUEST FORMS

To be completed by ALL applicants seeking Test Accommodations under the Americans with Disabilities Act ("ADA") for the Bar Examination.

OVERVIEW:

1. Review the [Testing Accommodations](#) section of the Americans with Disabilities Act ("ADA"), the Utah State Bar Admissions [Rule 14-706 Test accommodations](#), and read the **General Guidelines for Test Accommodations** at the beginning of each Form in this document before starting.
2. To qualify for Test Accommodations under the ADA, you are required to provide documentation from qualified medical professionals who use **objective tests** to diagnose disabilities and make recommendations. **Testing must have been done within 5 years of the request for accommodation.**
3. You should use the **Test Accommodation Checklist** below as a *guide* while compiling the necessary documentation. It is your complete responsibility to ensure that all required documentation has been uploaded before the deadline.
4. All requests for Test Accommodations are reviewed by members of the Test Accommodation Committee which includes medical professionals who review each request with its supporting test results and other documents. Please provide as much information and documentation as possible so that the Committee has the best understanding of your situation and may make the best decision.
5. Receiving test accommodations previously from schools or other organizations does NOT guarantee that the applicant qualifies for a Test Accommodation under the ADA.

DOCUMENTS INCLUDED:

TEST ACCOMMODATION CHECKLIST
FORM A – Accommodations Eligibility Questionnaire
FORM B – Statement of Law School Official
FORM C – Medical Disability Verification Form
FORM D – Cognitive/Learning Disability Verification Form
FORM E – Attention Deficit/Hyperactivity Disorder Verification Form
FORM F – Medical/Healthcare Information Release

TEST ACCOMMODATION CHECKLIST

Review this checklist carefully. It is your complete responsibility to ensure that all required documentation has been uploaded and/or received by the Bar before the deadline.

Be sure to upload all forms and supporting documentation. Test Accommodation requests that are incomplete will not be considered.

Documents that the applicant must complete and upload:

- ☐ **Form A – Accommodations Eligibility Questionnaire**
- ☐ **Form F – Medical/Healthcare Information Release**
- ☐ **Personal Statement** narrating the history and current status of your disability

Upload proof of accommodations or denial of accommodations from testing entities (*if accommodations requested*):

- ☐ LSAT
- ☐ MPRE
- ☐ ACT/SAT
- ☐ Bar exam jurisdictions
- ☐ Other Post-Graduate examination (MCAT, GRE, GMAT)

Upload score reports from testing entities:

- ☐ LSAT
- ☐ ACT/SAT
- ☐ Bar exam jurisdictions (*if taken*)
- ☐ Other Post-Graduate examination (MCAT, GRE, GMAT) (*if taken*)

Documentation from educational institutions:

- ☐ **Form B – Statement of Law School Official.** Filled out by your law school(s) and uploaded along with supporting documentation
- ☐ Transcripts from undergraduate school(s), law school(s), graduate school(s), and earlier school records if available.

Documentation from **qualified medical professional, objective testing, and results:**

Physical disabilities:

- ☐ **Form C – Medical Disability Verification Form.**
- ☐ Supporting documentation

Cognitive/Learning disabilities:

- ☐ **Form D – Cognitive/Learning Disability Verification Form**
- ☐ Supporting documentation including psycho-educational assessment

ADD/ADHD:

- ☐ **Form E – Attention Deficit/Hyperactivity Disorder Verification Form**
- ☐ Supporting documentation including psycho-educational assessment

UTAH STATE BAR**FORM A****Accommodations Eligibility Questionnaire***(See GENERAL GUIDELINES for more information)*

Name of Applicant: _____

1. Disability Status *(please check all that apply)*:

a. Do you have a:

☐ Physical Disability?*Please specify* _____☐ Learning Disability?*Please specify* _____☐ Psychological Disability?*Please specify* _____

b. How long have you had your disability?

☐ 1 year☐ 2-5 years☐ 5-10 years☐ More than 10 years☐ Most of my life

c. When was your disability diagnosed?

☐ 1 year ago☐ 2-5 years ago☐ 5-10 years ago☐ More than 10 years ago

d. Are you currently being treated?

☐ Yes☐ No*Please explain:* _____

If yes:

Provide the name and address of your treating professional(s):

List the treatment and/or medication currently prescribed:

Explain the effectiveness of the treatment or medication in eliminating or ameliorating symptoms:

COMPLETE FORM F and APPLICABLE FORMS C, D, and/or E with CURRENT DOCUMENTATION FROM A PSYCHOLOGIST, PSYCHIATRIST, DOCTOR OR OTHER PROFESSIONAL, certifying your disability.

2. Past Accommodations Made for Your Disability

a. In HIGH SCHOOL:

Were you in a special school program?

☐ Yes

☐ No

Did you receive special accommodations for classroom tests?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

b. In COLLEGE:

Did you receive accommodations?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide college transcripts, regardless of whether accommodations were granted.

c. Have you taken any of the following tests? (*check all that apply*)

☐ SAT

☐ ACT

☐ GRE

☐ MCAT

☐ GMAT

Did you have test accommodations for any of the above examinations?

☐ Yes

☐ No

If YES, specify the test taken and the accommodation(s) received; if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide score reports for all tests taken, regardless of whether accommodations were granted.

Please provide written verification from the testing entity of any accommodations received and/or denied.

d. Did you have test accommodations for the LSAT?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide score reports for all tests taken, regardless of whether accommodations were granted.

Please provide written verification from LSAT of these accommodations or a copy of the denial letter.

e. In LAW SCHOOL, did you receive accommodations?

☐ Yes

☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide written verification from your law school of these accommodations with FORM B.

- f. Did you request special accommodations, or do you plan to request accommodations on the Multistate Professional Responsibility Exam (“MPRE”)?

- ☐ Yes
☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not/will not request accommodations or why accommodations were not granted:

Please provide written verification from MPRE of any accommodations or a copy of the denial.

3. Other Bar Examinations

- a. If you have taken or applied to take a bar examination in another jurisdiction, were you granted test accommodations?

- ☐ Yes
☐ No
☐ Not applicable: I have not applied for or sat for any other bar examination

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

Please provide written verification from the Bar examining authority of any accommodations.

4. Employment

- a. Have you ever or are you currently receiving accommodations in an employment setting including internships, externships, and clerkships?

- ☐ Yes
☐ No

If YES, describe the specific accommodation(s); if NO, explain why you did not request accommodations or why accommodations were not granted:

5. Accommodations Requested for the Written Portion (MEE and MPT questions) of the Bar Examination. *(Please check all that apply)*

a. Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)

Please specify _____

- ☐ Scribe
- ☐ Dictation software

Please specify _____

b. Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (two essays at a time)
- ☐ Every 90 minutes (three essays at a time)

c. Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

d. Other:

- ☐ Use of a lectern (so applicant can work while standing)
 - ☐ Separate room
 - ☐ Shortened test days
 - ☐ _____
-

6. Accommodations Requested for the MBE portion of the Bar Examination. *(Please check all that apply)*

a. Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)

Please specify _____

- ☐ Scribe

- ☐ Non-scantron answer sheet (circle answers in question booklet)

b. Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (33-34 questions at a time)
- ☐ Every 90 minutes (50 questions at a time)

c. Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

d. Other:

- ☐ Use of a lectern (so applicant can work while standing)
 - ☐ Separate room
 - ☐ Shortened test days
 - ☐ _____
-

7. In a separate Personal Statement, please describe:

- a. Your disability, including specific symptoms, duration, severity and frequency.
- b. When you first sought medical attention.
- c. When and how the disability was diagnosed.
- d. Treatment history, including prescribed medications and their effect.
- e. Your history of accommodations.
- f. How each proposed accommodation will reduce the impact of the functional limitation your disability imposes.

I am aware that it is my responsibility to file a COMPLETE Accommodations Eligibility Questionnaire (Form A). I understand that it will be returned to me if it is found to be incomplete, untimely or otherwise not in compliance with the instructions. I agree that all documents supporting my accommodation request may be reviewed by a physician, therapist or professional authority. I further agree to submit to independent diagnostic testing by a physician, therapist, or professional authority of the Utah State Bar's choice if such is requested. I have uploaded all supporting documentation with this Questionnaire. I CERTIFY the above statements to be true. I understand that false statements made herein could result in denial of character and fitness certification.

Signature: _____

Print Name: _____

Date: _____

UTAH STATE BAR
FORM B
Non-standard Test Accommodations
Statement of Law School Official
Please type or print legibly.

This form should be completed by an official whose position at the law school is such that it is his or her responsibility to monitor and authorize any nonstandard accommodations requested by disabled students for the specific purpose of facilitating their participation as examinees. The Utah State Bar requests your cooperation in providing information about the nonstandard test accommodations provided for the applicant during his or her attendance at your law school.

Return this form and relevant records to the applicant for submission to the Utah State Bar.

Name of Applicant: _____

Name of Law School: _____

Name and title of Law School Official completing this form: _____

1) Please describe the accommodations which were approved for the applicant each year of law school
(Include all accommodations granted such as extra time, separate test room, use of a computer, scribe, etc.):

2) Did the applicant utilize the accommodation(s) provided?

- ☐ Yes
☐ No

3) If the accommodations changed during the course of law school, describe the changes and state the reasons why.

4) What documentation did the applicant provide to substantiate the need for accommodations?

Please attach a copy of the documentation which constituted the basis for granting accommodations.

Signature of law school official: _____

Print Name: _____

Date: _____ Telephone Number: _____

Email Address: _____

UTAH STATE BAR

General Guidelines for Documenting Physical Disability for Form C

The following guidelines are intended to assist the applicant and evaluator in completing the request for accommodations of the Utah State Bar exam (“Bar exam”).

A licensed health care provider with expertise in diagnosing and treating the applicant’s physical disability must document the disability by completing Form C. The applicant’s name must be clearly indicated on all documents submitted by the applicant and by the health care provider. It is the applicant’s responsibility to collect the required forms and medical documentation from the health care provider and file them with the application by the deadline. The evaluation forming the basis for the request for accommodations must have been conducted within the last five years. The diagnostician/evaluator must have comprehensive training and direct experience working in the field (such as board certification by a recognized board). In completing the required forms(s), the evaluator must describe each of the following:

1. The academic credentials and qualifications that allow the evaluator to diagnose the disability and recommend accommodations on the Bar Exam;
2. The applicant’s impairment including
 - a. diagnosis;
 - b. history;
 - c. treatment, including medication, and the effect of treatment on the condition;
3. Documentation substantiating the disability, including an objective assessment to rule out the likelihood of malingering or the exaggeration of symptoms;
4. The physical/mental limitations currently experienced as a result of the impairment;
5. How long the limitations are expected to last;
6. How the physical/mental impairment impacts the specific tasks demanded by the Bar Exam; and
7. How the accommodation being requested will reduce the impact of the documented functional limitation your disability imposes.

A general description of typical symptoms found in people with the applicant’s condition is not sufficient, nor are chart notes copied from the medical record without the analysis described above. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. It is important to understand that the mere documentation of the presence of a disability does not entitle the applicant to accommodation(s). Rather, the impact of the disability on the applicant’s ability to take the Bar exam must be quantifiably and objectively documented so that reasonable accommodations can be determined. For example, if an applicant with arthritis is seeking extra time due to slow typing speed, simply providing documentation to prove that the applicant has arthritis is not sufficient; an objective test must be conducted that measures the applicant’s typing ability against the general population so the appropriate amount of extra time can be granted.

The diagnostician must include a detailed explanation as to why each SPECIFIC recommended accommodation is necessary and a detailed rationale for each accommodation requested. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. Recommendations must not give the candidate an unfair advantage over other candidates but must be designed to give a fair chance for the applicant. Recommendations that are clearly excessive will bring the expertise of the evaluator into question. The Bar exam does not provide unlimited time as an accommodation. An inability to complete the test under standard time conditions is not automatically a reason for an accommodation or additional test time, as not all standard test takers are able to do this.

Please note: if the applicant is seeking extra time on the examination because the physical disability affects cognitive functioning, a qualified evaluator must complete Form D after conducting the necessary psycho-educational testing to determine the extent of the cognitive impairment (see Form D).

UTAH STATE BAR
FORM C
Non-standard Test Accommodations
Medical Disability Verification Form
To be completed by a Physician or Licensed Professional

This Form must be completed by a qualified evaluator who is familiar with the candidate's disability and its impact on the candidate's ability to perform on the Bar Exam. The evaluator should complete all sections of this form unless it clearly does not pertain to the applicant's specific disability. Recommended accommodations must be supported by objective data as well as clinical observations.

Simply being diagnosed with a condition does not entitle an applicant to accommodations. Objective data must be provided that specifically demonstrates how the condition impairs the applicant so that the appropriate accommodations can be determined.

Please refer to the General Guidelines for Documenting Medical Disability before completing this form.

Return this form and relevant records to the applicant for submission to the Utah State Bar.

Name of Applicant: _____

Name of professional completing this form: _____

Title: _____

License/Certification Number: _____

Complete Address:

Telephone Number: _____

Please describe the credential(s) that qualify you to diagnose and/or verify the applicant's disability and to recommend accommodations.

INFORMATION REGARDING THE APPLICANT:

1. Date you first met with patient/applicant: _____
2. Date of patient/applicant's initial diagnosis: _____

If you did not make the initial diagnosis, please provide the name of the professional who did:

3. Diagnostic tests administered and dates thereof:

4. Date of last examination/treatment of the patient/applicant: _____

5. The Utah State Bar requires current documentation (within the last 5 years) from a physician or licensed professional relating to the applicant's disability to be included with a request for nonstandard test accommodations. Do you have any current medical reports/evaluations on the applicant?

☐ Yes

☐ No

Please explain _____

6. As a result of your examination, tests and treatment of the patient, what is the specific diagnosis, condition and/or disability that warrants your recommendation for nonstandard test accommodations:

7. Given the possibility that some individuals may seek a diagnosis of physical deficits in order to inappropriately obtain test accommodations, evaluations should include objective assessments to rule out malingering or exaggerated reporting of symptoms. Please describe any objective symptom validity testing that was used to confirm the diagnosis, as well as the results of such testing:

8. Please describe the nature of the condition and how this condition affects the applicant, including the impact on daily activities:

9. Please identify the major life activities that are substantially impaired by the applicant's condition (please be aware test-taking is not considered a major life activity):

10. Does the severity of the condition/impairment fluctuate?

- ☐ Yes
☐ No

If yes, please describe the settings and/or circumstances affecting severity that are relevant to taking the Bar exam:

11. Please describe your treatment of this condition, including any and all prescribed medications:

12. Does the applicant experience any side effects as a result of taking prescribed medications and/or other treatment?

- ☐ Yes
☐ No

If "Yes", please describe the side effects and any impact they may have on the applicant's regular activities:

13. Does the medication/treatment prescribed to the applicant ameliorate the symptoms?

- ☐ Yes
☐ No

If "No", please explain what symptoms continue even with medication:

14. Is this a permanent condition/disability?

☐ Yes

☐ No

If “no”, when is this condition/disability likely to abate?

15. Please describe the history of accommodations received by the applicant (e.g. in college, law school, and on standardized tests such as the ACT, SAT, or LSAT):

16. How does the condition (or its treatment) impact the applicant’s ability to take the Bar examination?
(please check all that apply and provide an explanation):

☐ Affects writing

Please explain _____

☐ Affects reading

Please explain _____

☐ Causes more than average fatigue

Please explain _____

☐ Causes pain

Please explain _____

☐ Requires breaks (e.g. stretch, restroom visits, administration of medication)

Please explain _____

☐ Affects cognition*

Please explain _____

*Note: If the physical disability affects the applicant’s cognitive abilities and this constitutes a basis for requesting extra time, a separate Cognitive Disability Form must be completed (Form D) and appropriate test scores provided to specifically demonstrate the cognitive effects.

☐ Other

Please explain _____

DESCRIPTION OF EXAM

The Utah State Bar examination is administered in an environment similar to a classroom test setting. The candidates are allowed to use earplugs, but audio or visual distractions may be present. During the examination, candidates may use the restroom or drinking fountains. Personal items, including food and drink, are not allowed in the test area.

The exam is given over two days. Day 1 of the Bar examination consists of 6 essay questions and 2 Multistate Performance Test (“MPT”) questions over a 6-hour period. Candidates are allowed 30 minutes per essay question and one-and-one-half hours per MPT question, resulting in two three-hour test sessions with an hour lunch break. Candidates must record their answers in written format, either by hand or by typing on a laptop computer. In responding to these questions, candidates must demonstrate their ability to identify significant legal issues and principles, analyze complex legal problems, and organize and articulate a comprehensive analysis of legal issues.

Day 2 of the Bar examination consists of 200 multiple choice questions answered over a 6-hour period. Candidates are allowed 3 hours per 100-question section of the test, with an hour lunch break. Candidates answer by filling in circles on a scantron answer sheet.

RECOMMENDED TEST ACCOMMODATION(S)

Please note: To “level the playing field” for applicants with disabilities, we seek your recommendation in order to adequately provide appropriate and reasonable accommodations. “Reasonable accommodations” means an adjustment or modification of the standard test conditions that ameliorates the impact of the applicant’s disability without providing an unnecessary advantage over applicants taking the examination under standard conditions.

Based on the candidate’s condition/disability and its impact on his or her ability to perform on the Bar examination, what accommodation(s) would you recommend? If an accommodation is not listed below, please describe it under “other.”

17. Accommodations Requested for the Written Portion (MEE and MPT questions) of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)

Please specify _____

- ☐ Scribe
- ☐ Dictation software

Please specify _____

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (two essays at a time)
- ☐ Every 90 minutes (three essays at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)

- ☐ Separate room
☐ Shortened test days
☐ _____

18. Accommodations Requested for the MBE portion of the Bar Examination. (*Please check all that apply*)

Formatting:

- ☐ Braille
☐ Audio recording
☐ Reader
☐ Large type (18 or 24 pt. font)
 Please specify _____
☐ Scribe
☐ Non-scantron answer sheet (circle answers in question booklet)

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (33-34 questions at a time)
☐ Every 90 minutes (50 questions at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
☐ Time and a third (extra 60 minutes per session)
☐ Time and a half (extra 90 minutes per session)
☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)
☐ Separate room
☐ Shortened test days
☐ _____

19. Please explain how the recommended accommodation(s) will reduce the impact of the functional limitation the disability imposes; in cases where extra time is recommended, please specify how you determined the appropriate amount of extra time:

PHYSICIAN'S SIGNATURE:

I declare that the above information is true and correct.

Signature of Physician/Licensed Professional: _____

Print Name: _____

Date: _____ Telephone Number: _____

Email Address: _____

UTAH STATE BAR

General Guidelines for Documenting Cognitive/Learning Disabilities for Form D

The following guidelines are intended to assist the applicant and evaluator in completing the request for accommodations of the Utah State Bar exam (“Bar exam”).

If the applicant is seeking accommodation because of a cognitive impairment, such as a learning disability, a processing deficiency, or a physical, medical, or psychological disorder that affects the applicant’s cognitive abilities, the applicant must submit Form D with supporting documentation. The report from the diagnostician in support of the applicant’s request for accommodation must include actual test scores, a specific diagnosis, and it must recommend a specific accommodation based on the impact the disability will have on the applicant’s ability to perform on the Bar Exam under the standard testing conditions. The analysis must reference the test results that support the need for the accommodation and articulate how the accommodation will reduce the impact of the functional limitation. A general description of typical symptoms found in people with the cognitive impairment is not sufficient, nor are testing notes without the analysis described above. In addition, it is important to understand that the mere documentation of the presence of a disability does not entitle the applicant to accommodation(s). Rather, the impact of the disability on the applicant’s ability to take the Bar exam must be quantifiably and objectively documented so that reasonable accommodations can be determined.

As part of the accommodation request, a comprehensive neuropsychological or psycho-educational report must be submitted, prepared by a qualified diagnostician and conducted within the last five years. **All test scores and percentiles should be based on age-adjusted rather than education adjusted norms** and the applicant must have a functional limitation when compared to a person in the general population, not the average law school or college graduate.

It is expected that the assessment will be a comprehensive battery of tests administered by someone with clear credentials in the field (such as board certification by a recognized board). Individuals may use fixed or flexible batteries (or a combination of the two) but the evaluations must include consideration of motor-sensory, auditory, attentional, visual-spatial, receptive and expressive language, immediate and delayed memory, achievement, and intelligence. Often, these tests used for other purposes will overlap with neuropsychological functions and can be used for more than one purpose. All scores generated by each test must be reported.

The testing/assessment must be comprehensive and include a Diagnostic Report. Objective evidence of a substantial limitation in cognition/learning must be provided. This is the heart of the evaluation if the applicant is claiming a cognitive disorder or claiming cognitive impairment due to an attentional, physical, or psychiatric disorder. All deviations from these guidelines must be discussed and defended in light of the goals of the evaluation in terms of fair administration of the Bar exam. The neuropsychological evaluation is required in all cases that claim the presence of a learning disability in order to demonstrate the existence of the underlying disorder responsible for the learning disability. A psycho-educational evaluation is required for all applicants in this category without exception. The neuropsychological or psycho-educational evaluation for the diagnosis of a cognitive disability should be submitted on the letterhead of a license, qualified professional, and it should provide clear and specific evidence that a cognitive disability does or does not exist. It is not acceptable to administer only one test, nor is it acceptable to base a diagnosis on only one of several subtests. All standard scores for all tests must be reported. Percentiles must also be reported in addition to standard scores for each test. For tests with subtests (such as the WAIS-IV or WJ-IV) the scores from all subtests must also be included. Unless noted below, all standard scores and percentiles should be based on age-adjusted rather than education-adjusted norms.

Each evaluation MUST include the following:

1. **A diagnostic interview.** The report or assessment must include a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include a description of the presenting problem(s), including symptoms; a developmental history; an academic history, including reports of classroom performance and grades; behavioral observations and notable trends; a family history, including primary language of the home and current fluency of English (where relevant); a psychosocial history; a medical history, including the presence or absence of a medical basis for the present symptoms; history of prior psychotherapy; a discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological and/or personality disorders; history of relevant medication and current use that may impact the individual's learning; and exploration of possible alternatives that may mimic a cognitive disability, when, in fact, one is not present.
2. **Review of Educational Record and History of Accommodations.** The report must include reference to and analysis of the applicant's educational record and history of accommodations.
3. **Aptitude.** A complete aptitude assessment is required with all subtests and standard scores. The preferred instrument is the Wechsler Adult Intelligence Scale – Third Edition (WAIS-IV). In addition to the WAIS-IV, the aptitude area may be further explored by such tests as the Woodcock-Johnson Psychoeducational Battery-IV: Tests of Cognitive Ability (Subtests 1-14), the Stanford-Binet Intelligence Scale: Fourth Edition, or other tests that have current norms for an adult population. Tests that do not have norms appropriate for the age of the applicant will not be accepted in this or any other category.
4. **Achievement.** A complete achievement battery, with all subtests and standard scores, should be provided. A timed reading comprehension measure, which has been normed on adults and which allows for both extended and regular administrations, is required. The Nelson-Denny Reading Skills Test (NDRT) is a timed comprehensive test; however, the NDRT provides only education-based norms that result in inaccuracies when compared to age-adjusted aptitude measures such as the WAIS-IV. Thus, the NDRT should be scored twice for standard time conditions, using the actual grade level and, for comparison purposes, using the first-semester college norms. In all cases, extended-time testing should also be completed, with notation of the actual additional time used to complete the test (not the time allowed). The number of items attempted and completed during the regular and extended periods is also required. If a test other than the NDRT is used, a detailed description of the test and the norming sample should also be included. In addition to a timed reading comprehension measure, the battery may include current levels of academic functioning in reading (decoding and comprehension) and written language. Acceptable instruments include, but are not limited to, the Woodcock Johnson Psychoeducational Battery-IV: Tests of Achievement; Scholastic Abilities Test for Adults (SATA); and the WIAT-II. The Wide Range Achievement Test-E (WRAT-3) is not a comprehensive measure of achievement and therefore is not acceptable if used as the sole measure of achievement. Please note the WJ-IV and WIAT-II do not measure sustained timed reading comprehension. Writing measures, including timed writing, may also be included.
5. **Information Processing.** Specific areas of information processing (e.g., short- and long-term memory, sequential memory, processing speed, executive functioning, motor ability) must be addressed in cases claiming learning disorders, attention problems, or psychiatric problems that interfere with attention. Since the Bar exam is a verbal, reading-based test, processing measures that relate to the processing of words and sentences presented visually are most relevant and will be given the greatest weight. Impairment in nonverbal functions must be related to Bar exam performance to be given significant weight. Commonly used instruments in this area include but are not limited to information from subtests on the WAIS-IV, the Woodcock-Johnson Psychoeducational Battery-IV: Tests of Cognitive Ability, Wechsler Memory Scale-III, Halstead-Reitan neuropsychological battery,

and the Test of Vigilance and Attention (TOVA). Other instruments also may be used to address these areas.

6. **Personality Testing.** Other standard and formal assessment measures (e.g., personality or clinical inventories) may be integrated with the above documents to help support a dual diagnosis, or to disentangle the cognitive/learning disability from coexisting mood, behavioral, neurological, and/or personality disorders. In addition to standardized test batteries, it is also very helpful to include informal observations of the student during the test administration. Nonstandard measures and informal assessment procedures may be helpful to determine performance across a variety of domains. These procedures are supplemental to the basic evaluation described above and do not replace the need for the objective measures. Personality testing is required for those who claim psychiatric disorders that impact their ability to take the Bar exam. It is often most useful to see the results of objective, well-normed tests such as the MMPI-2 or MCMI-III, along with more projective instruments such as the Rorschach. As with other tests, all scores must be reported for these tests.
7. **Actual test scores.** Standard scores must be provided for all normed measures. Percentiles are also acceptable, but grade equivalents are not acceptable unless standard scores and/or percentiles are also included. The report of assessment must show evidence of intra-individual differences in cognitive/achievement and in information processing that demonstrate a substantial limitation for which an accommodation is recommended. A minimum of 1.5 standard deviation difference must be shown.
8. **A specific diagnosis.** Individual “learning styles,” “learning differences,” and “academic problems” are not by themselves cognitive disabilities for which accommodations will be granted. The specific diagnosis must be supported by test data, academic history, anecdotal and clinical observations that may include comments about the candidate’s level of motivation, study skills, and other noncognitive factors. Discrepancies between test results, previous scores on the SAT, ACT or LSAT, and history MUST be addressed to avoid delays due to requests for additional information. These findings must demonstrate that the candidate’s functional limitations are due to the diagnosed disability or disabilities. It is important that the diagnostician rule out alternative explanations for problems in learning such as emotional or attentional problems that may interfere with learning, but which do not, in and of themselves, constitute a disability in learning.
9. **Recommend specific accommodations.** The diagnostician must include a detailed explanation as to why each SPECIFIC recommended accommodation is necessary and a detailed rationale for each accommodation requested. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. The recommendations should be based on affording equal access, **not** maximizing potential or guaranteeing the outcome. They must not give the candidate an unfair advantage over other candidates but must be designed to give a fair chance. Recommendations that are clearly excessive will bring the expertise of the evaluator into question. The Bar exam does not provide unlimited time as an accommodation. An inability to complete the test under standard time conditions is not automatically a reason for an accommodation or additional test time as not all standard test takers are able to do this. If the evaluator recommends a certain amount of extra time, the evaluator must explain how he or she determined the appropriate amount of extra time to be given by referencing objective data.

UTAH STATE BAR
FORM D
Non-standard Test Accommodations
Cognitive/Learning Disability Verification Form
To be completed by a Physician or Licensed Professional

This Form must be completed by a physician or other licensed health care provider qualified to treat adults with a cognitive disability. Please complete the information requested in the spaces provided. An applicant with a specific cognitive or learning disability must have been identified by an approved neuropsychological and psycho-educational assessment process which includes data from both cognitive and achievement measures. In addition, the test must also:

- (1) Have been administered within the last five years;
- (2) Have identified an information processing deficit;
- (3) Have certified that this patient's aptitude is within the normal range; and
- (4) Have identified an aptitude-achievement discrepancy of 1.5 standard deviations **based on age-adjusted** (not education-adjusted) norms. The applicant must show a functional limitation when compared to a person in the general population, not the average law school or college graduate. It is not sufficient to show that the applicant is not performing as well as might be expected based on the applicant's aptitude if the achievement numbers still fall within the average range.

Simply being diagnosed with a learning disability does not entitle an applicant to accommodations. Objective data must be provided that specifically demonstrates how the condition impairs the applicant so that the appropriate accommodations can be determined.

Please refer to the General Guidelines for Documenting Cognitive/Learning Disability before completing this form.

Return this form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Utah State Bar.

Name of Applicant: _____

Name of professional completing this form: _____

Title: _____

License/Certification Number: _____

Complete Address:

Telephone Number: _____

Please describe the credential(s) that qualify you to diagnose and/or verify the applicant's disability and to recommend accommodations. (Please note: to be considered qualified, you must have comprehensive education, training, and experience in the field of cognitive disabilities).

INFORMATION REGARDING THE APPLICANT

1. Date you first met with patient/applicant: _____
2. Date of patient/applicant's initial diagnosis: _____

If you did not make the initial diagnosis, please provide the name of the professional who did:

3. Briefly describe the nature and extent of the applicant's impairment (include the specific DSM diagnosis):

4. Date of last complete evaluation of the applicant: _____
5. Given the possibility that some individuals may seek a diagnosis of cognitive deficits in order to inappropriately obtain test accommodations, evaluations should include objective assessments to rule out malingering, incomplete effort, or exaggerated reporting of symptoms. Please describe any objective symptom validity testing that was used to confirm the diagnosis, as well as the results of such testing:

6. Please identify the major life activities that are substantially impaired by the applicant's condition (please be aware that test taking is not considered a major life activity):

7. Please describe your treatment of this condition, including any and all prescribed medications:

8. Does the applicant experience any side effects as a result of taking prescribed medications and/or other treatment?

☐ Yes
☐ No

If “Yes”, please describe the side effects and any impact they may have on the applicant’s regular activities:

9. Does the medication/treatment prescribed to the applicant ameliorate the symptoms?

☐ Yes
☐ No

If “No”, please explain what symptoms continue even with medication:

10. Was the applicant taking the medication or following the prescribed treatment at the time the cognitive testing was performed?

☐ Yes
☐ No

11. Please describe the history of accommodations received by the applicant (e.g. in college, law school, and on standardized tests such as the ACT, SAT, or LSAT):

12. Please describe how the condition significantly impacts the applicant's ability to take the Bar examination:

COGNITIVE ASSESSMENT

Date Cognitive Assessment completed: _____

The following tests are frequently used to demonstrate the impact of an individual's disability. If other tests were used, please indicated the results of these tests under "Other Test Results". For additional information, please refer to the Guidelines provided by the applicant.

Wechsler Adult Intelligence Scale-Revised-IV (WAIS-IV)Index scores:**Verbal Comprehension** _____

Similarities _____

Vocabulary _____

Information _____

(Comprehension) _____

Perceptual Reasoning _____

Block Design _____

Matrix Reasoning _____

Visual Puzzles _____

Picture Completion _____

Working Memory _____

Digit Span _____

Arithmetic _____

Letter-Number Seq _____

Processing Speed _____

Symbol Search _____

Coding _____

Cancellation _____

Full Scale IQ _____

General Ability Index (if applicable) _____

Woodcock-Johnson-IV – Tests of Cognitive AbilityCluster scores:

General Intellectual Ability _____

Brief Intellectual Ability _____

Gf-Gc Composite _____

Comprehension-Knowledge _____

Fluid Reasoning _____

Short-term Working Memory _____

Cognitive Processing Speed _____

Auditory Processing _____

Long-Term Retrieval _____

Visual Processing _____

Quantitative Reasoning _____

Auditory Memory Span _____

Number Facility _____

Perceptual Speed _____

Vocabulary _____

Cognitive Efficiency _____

Woodcock-Johnson Psycho-educational Tests of Achievement:**Woodcock-Johnson-IV – Tests of Academic Ability**Cluster scores:

Reading _____

Broad Reading _____

Basic Reading _____

Reading Comprehension _____

Reading Fluency _____

Reading Rate _____

Mathematics _____

Broad Mathematics _____

Math Calculation _____

Math Prob Solving _____

Written Language _____

Broad Written

Language _____

Basic Writing Skills _____

Written Expression _____

Academic Skills _____
 Academic Fluency _____
 Academic Applications _____

Academic Knowledge _____
 Phoneme-Grapheme Knowledge _____
 Brief (or Broad) Achievement _____

Subtests:

Letter-Word Identification _____	Oral Reading _____	Word Reading Fluency _____
Applied Problems _____	Sentence Reading Fluency _____	Spelling of Sounds _____
Spelling _____	Math Facts Fluency _____	Reading Vocabulary _____
Passage Comprehension _____	Sentence Writing Fluency _____	Science _____
Calculation _____	Reading Recall _____	Social Studies _____
Writing Samples _____	Number Matrices _____	Humanities _____
Word Attack _____	Editing _____	

Other tests:

Test: _____ Standard Score: _____ Range of performance: _____

--

DESCRIPTION OF EXAM

The Utah State Bar examination is administered in an environment similar to a classroom test setting. The candidates are allowed to use earplugs, but audio or visual distractions may be present. During the examination, candidates may use the restroom or drinking fountains. Personal items, including food and drink, are not allowed in the test area.

The exam is given over two days. Day 1 of the Bar examination consists of 6 essay questions and 2 Multistate Performance Test (“MPT”) questions over a 6-hour period. Candidates are allowed 30 minutes per essay question and one-and-one-half hours per MPT question, resulting in two three-hour test sessions with an hour lunch break. Candidates must record their answers in written format, either by hand or by typing on a laptop computer. In responding to these questions, candidates must demonstrate their ability to identify significant legal issues and principles, analyze complex legal problems, and organize and articulate a comprehensive analysis of legal issues.

Day 2 of the Bar examination consists of 200 multiple choice questions answered over a 6-hour period. Candidates are allowed 3 hours per 100-question section of the test, with an hour lunch break. Candidates answer by filling in circles on a scantron answer sheet.

RECOMMENDED TEST ACCOMMODATION(S)

Please note: To “level the playing field” for applicants with disabilities, we seek your recommendation in order to adequately provide appropriate and reasonable accommodations. “Reasonable accommodations” means an adjustment or modification of the standard test conditions that ameliorates the impact of the applicant’s disability without providing an unnecessary advantage over applicants taking the examination under standard conditions.

Based on the candidate's condition/disability and its impact on his/her ability to perform on the Bar examination, what accommodation(s) would you recommend? If an accommodation is not listed below, please describe it under "other."

13. Accommodations Requested for the Written Portion (MEE and MPT questions) of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)

Please specify _____

- ☐ Scribe
- ☐ Dictation software

Please specify _____

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (two essays at a time)
- ☐ Every 90 minutes (three essays at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)
- ☐ Separate room
- ☐ Shortened test days
- ☐ _____

14. Accommodations Requested for the MBE portion of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
 - ☐ Audio recording
 - ☐ Reader
 - ☐ Large type (18 or 24 pt. font)
- Please specify* _____
- ☐ Scribe
 - ☐ Non-scantron answer sheet (circle answers in question booklet)

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (33-34 questions at a time)
- ☐ Every 90 minutes (50 questions at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
- ☐ Time and a third (extra 60 minutes per session)
- ☐ Time and a half (extra 90 minutes per session)
- ☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)
- ☐ Separate room
- ☐ Shortened test days

☐ _____

15. Please explain how the recommended accommodation(s) will reduce the impact of the functional limitation the disability imposes; in cases where extra time is recommended, please specify how you determined the appropriate amount of extra time:

PHYSICIAN'S SIGNATURE:

I declare that the above information is true and correct.

Signature of Physician/Licensed Professional: _____

Print Name: _____

Date: _____ Telephone Number: _____

Email Address: _____

UTAH STATE BAR
General Guidelines for Documenting ADD/ADHD for Form E

The following guidelines are intended to assist the applicant and evaluator in completing the request for accommodations of the Utah State Bar exam (“Bar exam”).

If the applicant is seeking accommodation because of a cognitive impairment, such as a learning disability, a processing deficiency, or a physical, medical, or psychological disorder that affects the applicant’s cognitive abilities, the applicant must submit Form E with supporting documentation. The report from the diagnostician in support of the applicant’s request for accommodation must include actual test scores, a specific diagnosis, and it must recommend a specific accommodation based on the impact the disability will have on the applicant’s ability to perform on the Bar Exam under the standard testing conditions. The analysis must reference the test results that support the need for the accommodation and articulate how the accommodation will reduce the impact of the functional limitation. A general description of typical symptoms found in people with the impairment is not sufficient, nor are testing notes without the analysis described above. In addition, it is important to understand that the mere documentation of the presence of a disability does not entitle the applicant to accommodations. Rather, the impact of the disability on the applicant’s ability to take the Bar exam must be quantifiably and objectively documented so that reasonable accommodations can be determined.

As part of the accommodation request, a comprehensive neuropsychological or psycho-educational report must be submitted, prepared by a qualified diagnostician and conducted within the last five years. **All test scores and percentiles should be based on age-adjusted rather than education adjusted norms** and they must show that the applicant has a functional limitation when compared to a person in the general population, not the average law school or college graduate.

It is expected that the assessment will be a comprehensive battery of tests administered by someone with clear credentials in the field (such as board certification by a recognized board). Individuals may use fixed or flexible batteries (or a combination of the two) but the evaluations must include consideration of motor-sensory, auditory, attentional, visual-spatial, receptive and expressive language, immediate and delayed memory, achievement, and intelligence. Often, these tests used for other purposes will overlap with neuropsychological functions and can be used for more than one purpose. All scores generated by each test must be reported.

The testing/assessment must be comprehensive and include a Diagnostic Report. Objective evidence of a substantial limitation in cognition/learning must be provided. This is the heart of the evaluation if the applicant is claiming a cognitive disorder or claiming cognitive impairment due to an attentional disorder. All deviations from these guidelines must be discussed and defended in light of the goals of the evaluation in terms of fair administration of the Bar exam. The neuropsychological evaluation is required in all cases that claim the presence of a learning disability in order to demonstrate the existence of the underlying disorder responsible for the learning disability. A psycho-educational evaluation is required for all applicants in this category without exception. The neuropsychological or psycho-educational evaluation should be submitted on the letterhead of a license, qualified professional, and it should provide clear and specific evidence that a cognitive disability does or does not exist. It is not acceptable to administer only one test, nor is it acceptable to base a diagnosis on only one of several subtests. All standard scores for all tests must be reported. Percentiles must also be reported in addition to standard scores for each test. For tests with subtests (such as the WAIS-IV or WJ-IV) the scores from all subtests must also be included. Unless noted below, all standard scores and percentiles should be based on age-adjusted rather than education-adjusted norms.

Each evaluation MUST include the following:

1. **A diagnostic interview.** The report or assessment must include a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include a description of the presenting problem(s), including symptoms; a developmental history; an academic history, including reports of classroom performance and grades; behavioral observations and notable trends; a family history, including primary language of the home and current fluency of English (where relevant); a psychosocial history; a medical history, including the presence or absence of a medical basis for the present symptoms; history of prior psychotherapy; a discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological and/or personality disorders; history of relevant medication and current use that may impact the individual's learning; and exploration of possible alternatives that may mimic a cognitive disability, when, in fact, one is not present.
2. **Review of Educational Record and History of Accommodations.** The report must include reference to and analysis of the applicant's educational record and history of accommodations.
3. **Aptitude.** A complete aptitude assessment is required with all subtests and standard scores. The preferred instrument is the Wechsler Adult Intelligence Scale – Third Edition (WAIS-IV). In addition to the WAIS-IV, the aptitude area may be further explored by such tests as the Woodcock-Johnson Psychoeducational Battery-IV: Tests of Cognitive Ability (Subtests 1-14), the Stanford-Binet Intelligence Scale: Fourth Edition, or other tests that have current norms for an adult population. Tests that do not have norms appropriate for the age of the applicant will not be accepted in this or any other category.
4. **Achievement.** A complete achievement battery, with all subtests and standard scores, should be provided. A timed reading comprehension measure, which has been normed on adults and which allows for both extended and regular administrations, is required. The Nelson-Denny Reading Skills Test (NDRT) is a timed comprehensive test; however, the NDRT provides only education-based norms that result in inaccuracies when compared to age-adjusted aptitude measures such as the WAIS-IV. Thus, the NDRT should be scored twice for standard time conditions, using the actual grade level and, for comparison purposes, using the first-semester college norms. In all cases, extended-time testing should also be completed, with notation of the actual additional time used to complete the test (not the time allowed). The number of items attempted and completed during the regular and extended periods is also required. If a test other than the NDRT is used, a detailed description of the test and the norming sample should also be included. In addition to a timed reading comprehension measure, the battery may include current levels of academic functioning in reading (decoding and comprehension) and written language. Acceptable instruments include, but are not limited to, the Woodcock Johnson Psychoeducational Battery-IV: Tests of Achievement; Scholastic Abilities Test for Adults (SATA); and the WIAT-II. The Wide Range Achievement Test-E (WRAT-3) is not a comprehensive measure of achievement and therefore is not acceptable if used as the sole measure of achievement. Please note the WJ-IV and WIAT-II do not measure sustained timed reading comprehension. Writing measures, including timed writing, may also be included.
5. **Information Processing.** Specific areas of information processing (e.g., short- and long-term memory, sequential memory, processing speed, executive functioning, motor ability) must be addressed in cases claiming learning disorders, attention problems, or psychiatric problems that interfere with attention. Since the Bar exam is a verbal, reading-based test, processing measures that relate to the processing of words and sentences presented visually are most relevant and will be given the greatest weight. Impairment in nonverbal functions must be related to Bar exam performance to be given significant weight. Commonly used instruments in this area include but are not limited to information from subtests on the WAIS-IV, the Woodcock-Johnson Psychoeducational Battery-IV:

Tests of Cognitive Ability, Wechsler Memory Scale-III, Halstead-Reitan neuropsychological battery, and the Test of Vigilance and Attention (TOVA). Other instruments also may be used to address these areas.

6. **Personality Testing.** Other standard and formal assessment measures (e.g., personality or clinical inventories) may be integrated with the above documents to help support a dual diagnosis, or to disentangle the cognitive/learning disability from coexisting mood, behavioral, neurological, and/or personality disorders. In addition to standardized test batteries, it is also very helpful to include informal observations of the student during the test administration. Nonstandard measures and informal assessment procedures may be helpful to determine performance across a variety of domains. These procedures are supplemental to the basic evaluation described above and do not replace the need for the objective measures. Personality testing is required for those who claim psychiatric disorders that impact their ability to take the Bar exam. It is often most useful to see the results of objective, well-normed tests such as the MMPI-2 or MCMI-III, along with more projective instruments such as the Rorschach. As with other tests, all scores must be reported for these tests.
7. **Actual test scores.** Standard scores must be provided for all normed measures. Percentiles are also acceptable, but grade equivalents are not acceptable unless standard scores and/or percentiles are also included. The report of assessment must show evidence of intra-individual differences in cognitive/achievement and in information processing that demonstrate a substantial limitation for which an accommodation is recommended. A minimum of 1.5 standard deviation difference must be shown.
8. **A specific diagnosis.** Individual “learning styles,” “learning differences,” and “academic problems” are not by themselves cognitive disabilities for which accommodations will be granted. The specific diagnosis must be supported by test data, academic history, anecdotal and clinical observations that may include comments about the candidate’s level of motivation, study skills, and other noncognitive factors. Discrepancies between test results, previous scores on the SAT, ACT or LSAT, and history **MUST** be addressed to avoid delays due to requests for additional information. These findings must demonstrate that the candidate’s functional limitations are due to the diagnosed disability or disabilities. It is important that the diagnostician rule out alternative explanations for problems in learning such as emotional or attentional problems that may interfere with learning, but which do not, in and of themselves, constitute a disability in learning.
9. **Recommend specific accommodations.** The diagnostician must include a detailed explanation as to why each SPECIFIC recommended accommodation is necessary and a detailed rationale for each accommodation requested. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. The recommendations should be based on affording equal access, **not** maximizing potential or guaranteeing the outcome. They must not give the candidate an unfair advantage over other candidates but must be designed to give a fair chance. Recommendations that are clearly excessive will bring the expertise of the evaluator into question. The Bar exam does not provide unlimited time as an accommodation. An inability to complete the test under standard time conditions is not automatically a reason for an accommodation or additional test time as not all standard test takers are able to do this. If the evaluator recommends a certain amount of extra time, the evaluator must explain how he or she determined the appropriate amount of extra time to be given by referencing objective data.

**UTAH STATE BAR
FORM E****Non-Standard Testing Test Accommodations
ADD / Hyperactivity Disorder Verification Form**
To be completed by a Physician or Licensed Professional

Please complete the information requested in the spaces provided. An applicant with ADD/ADHD who is seeking accommodations must have been evaluated by an approved neuropsychological and psycho-educational assessment process which includes data from both cognitive and achievement measures. In addition, the test must:

- (1) Have been administered within the last five years;
- (2) Have identified an information processing deficit;
- (3) Have certified that this patient's aptitude is within the normal range; and
- (4) Have identified an aptitude-achievement discrepancy of 1.5 standard deviations **based on age-adjusted** (not education-adjusted) norms **AND** the applicant must show a functional limitation when compared to a person in the general population, not the average law school or college graduate. It is not sufficient to show that the applicant is not performing as well as might be expected based on the applicant's aptitude if the achievement numbers still fall within the average range.

Psychological testing and self-report checklists cannot be used as the sole indicator of ADD/ADHD diagnosis independent of history and interview, although such findings can augment clinical data. In addition, simply being diagnosed with ADD/ADHD does not entitle an applicant to accommodations, since the effects of the condition impact individuals in a variety of ways; many candidates with ADD/ADHD are able to take the exam under regular conditions. Objective data must be provided that specifically demonstrates how the condition impairs the applicant so that the appropriate accommodations can be determined.

The Utah State Bar reserves the right to make final judgment concerning non-standard test accommodations. This documentation will be sent to our ADD/ADHD specialist and, if it is illegible or incomplete, this request will not be processed. It must be understood that this is a summary form. It is imperative that each item be addressed fully and in detail in a complete report.

Please refer to the General Guidelines for Documenting ADD/ADHD before completing this form.

Return this form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Utah State Bar.

Name of Applicant: _____

Name of professional completing this form: _____

Title: _____

License/Certification Number: _____

Complete Address:

Telephone Number: _____

Please describe the credential(s) that qualify you to diagnose and/or verify the applicant's disability and to recommend accommodations. (Please note: to be considered qualified, you must have comprehensive education, training, and experience in the field of ADD/ADHD in general).

INFORMATION REGARDING THE APPLICANT

1. When was your last complete evaluation of the patient/applicant? _____

2. When was the patient/applicant first diagnosed with ADD/ADHD?

3. Please describe the documented history of the patient/applicant's childhood ADD/ADHD, if any. If there is none, please explain.

4. Please describe the history of accommodations received by the applicant (e.g., in college, law school, and on standardized tests such as the ACT, SAT, or LSAT):

5. What evidence has been presented to you or have you observed to support the patient's history of ADD/ADHD?

6. Given the possibility that some individuals may seek a diagnosis of psychological or cognitive deficits in order to inappropriately obtain test accommodations, evaluations should include objective assessments to rule out malingering, incomplete effort, or exaggerated reporting of symptoms. Please describe any objective symptom validity testing that was used to confirm the diagnosis, as well as the results of such testing:

7. Is there any evidence of a co-morbid psychiatric condition or cognitive disability?

- ☐ Yes
☐ No

If “Yes”, please describe, and explain what tests or assessments have been performed to verify this diagnosis (if any):

8. Please identify the major life activities that are substantially impaired by the applicant’s condition (please be aware that test-taking is not considered a major life activity):

9. Please describe your treatment of this condition, including any and all prescribed medications, or, if no treatment is being pursued, please explain:

10. Does the medication/treatment prescribed to the applicant ameliorate the symptoms?

- ☐ Yes
☐ No

If “No”, please explain what symptoms continue even with medication:

11. Does the applicant experience any side effects as a result of taking prescribed medications and/or other treatment?

- ☐ Yes
☐ No

If “Yes”, please describe the side effects and any impact they may have on the applicant’s regular activities:

12. Was the applicant taking the medication or following the prescribed treatment at the time of the psycho-educational evaluation?

- ☐ Yes
☐ No

13. Please describe how the condition significantly impacts the applicant’s ability to take the Bar examination:

COGNITIVE ASSESSMENT

Date Cognitive Assessment completed: _____

The following tests are frequently used to demonstrate the impact of an individual’s disability. If other tests were used, please indicated the results of these tests under “Other Test Results”. For additional information, please refer to the Guidelines provided by the applicant.

Wechsler Adult Intelligence Scale-Revised-IV (WAIS-IV)

Index scores:

Verbal Comprehension _____

Similarities _____

Vocabulary _____

Information _____

(Comprehension) _____

Perceptual Reasoning _____

Block Design _____

Matrix Reasoning _____

Visual Puzzles _____

Picture Completion _____

Working Memory _____

Digit Span _____

Arithmetic _____

Letter-Number Seq _____

Processing Speed _____**Full Scale IQ** _____

Symbol Search _____

General Ability Index (if applicable) _____

Coding _____

Cancellation _____

Woodcock-Johnson-IV – Tests of Cognitive AbilityCluster scores:

General Intellectual Ability _____

Brief Intellectual Ability _____

Gf-Gc Composite _____

Comprehension-Knowledge _____

Fluid Reasoning _____

Short-term Working Memory _____

Cognitive Processing Speed _____

Auditory Processing _____

Long-Term Retrieval _____

Visual Processing _____

Quantitative Reasoning _____

Auditory Memory Span _____

Number Facility _____

Perceptual Speed _____

Vocabulary _____

Cognitive Efficiency _____

Woodcock-Johnson Psycho-educational Tests of Achievements:**Woodcock-Johnson-IV – Tests of Academic Ability**Cluster scores:

Reading _____

Broad Reading _____

Basic Reading _____

Reading Comprehension _____

Reading Fluency _____

Reading Rate _____

Mathematics _____

Broad Mathematics _____

Math Calculation _____

Math Prob Solving _____

Written Language _____

Broad Written

Language _____

Basic Writing Skills _____

Written Expression _____

Academic Skills _____

Academic Fluency _____

Academic Applications _____

Academic Knowledge _____

Phoneme-Grapheme Knowledge _____

Brief (or Broad) Achievement _____

Subtests:

Letter-Word Identification _____

Applied Problems _____

Spelling _____

Passage Comprehension _____

Calculation _____

Writing Samples _____

Word Attack _____

Oral Reading _____

Sentence Reading Fluency _____

Math Facts Fluency _____

Sentence Writing Fluency _____

Reading Recall _____

Number Matrices _____

Editing _____

Word Reading Fluency _____

Spelling of Sounds _____

Reading Vocabulary _____

Science _____

Social Studies _____

Humanities _____

Other tests:

Test:

Standard Score:

Range of performance:

DESCRIPTION OF EXAM

The Utah State Bar examination is administered in an environment similar to a classroom test setting. The candidates are allowed to use earplugs, but audio or visual distractions may be present. During the examination, candidates may use the restroom or drinking fountains. Personal items, including food and drink, are not allowed in the test area.

The exam is given over two days. Day 1 of the Bar examination consists of 6 essay questions and 2 Multistate Performance Test (“MPT”) questions over a 6-hour period. Candidates are allowed 30 minutes per essay question and one-and-one-half hours per MPT question, resulting in two three-hour test sessions with an hour lunch break. Candidates must record their answers in written format, either by hand or by typing on a laptop computer. In responding to these questions, candidates must demonstrate their ability to identify significant legal issues and principles, analyze complex legal problems, and organize and articulate a comprehensive analysis of legal issues.

Day 2 of the Bar examination consists of 200 multiple choice questions answered over a 6-hour period. Candidates are allowed 3 hours per 100-question section of the test, with an hour lunch break. Candidates answer by filling in circles on a scantron answer sheet.

RECOMMENDED TEST ACCOMMODATION(S)

Please note: To “level the playing field” for applicants with disabilities, we seek your recommendation in order to adequately provide appropriate and reasonable accommodations. “Reasonable accommodations” means an adjustment or modification of the standard test conditions that ameliorates the impact of the applicant’s disability without providing an unnecessary advantage over applicants taking the examination under standard conditions.

Based on the candidate’s condition/disability and its impact on his/her ability to perform on the Bar examination, what accommodation(s) would you recommend? If an accommodation is not listed below, please describe it under “other.”

1. Accommodations Requested for the Written Portion (MEE and MPT questions) of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
- ☐ Audio recording
- ☐ Reader
- ☐ Large type (18 or 24 pt. font)

Please specify _____

- ☐ Scribe
- ☐ Dictation software

Please specify _____

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (two essays at a time)
☐ Every 90 minutes (three essays at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
☐ Time and a third (extra 60 minutes per session)
☐ Time and a half (extra 90 minutes per session)
☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)
☐ Separate room
☐ Shortened test days
☐ _____

2. Accommodations Requested for the MBE portion of the Bar Examination. *(Please check all that apply)*

Formatting:

- ☐ Braille
☐ Audio recording
☐ Reader
☐ Large type (18 or 24 pt. font)
Please specify _____
☐ Scribe
☐ Non-scantron answer sheet (circle answers in question booklet)

Extra Breaks (5-10 minutes):

- ☐ Every 60 minutes (33-34 questions at a time)
☐ Every 90 minutes (50 questions at a time)

Extra test time:

- ☐ Time and a quarter (extra 45 minutes per session)
☐ Time and a third (extra 60 minutes per session)
☐ Time and a half (extra 90 minutes per session)
☐ Double time (extra 180 minutes per session)

Other:

- ☐ Use of a lectern (so applicant can work while standing)
☐ Separate room
☐ Shortened test days
☐ _____

3. Please explain how the recommended accommodation(s) will reduce the impact of the functional limitation the disability imposes; in cases where extra time is recommended, please specify how you determined the appropriate amount of extra time:

PHYSICIAN'S SIGNATURE:

I declare that the above information is true and correct.

Signature of Physician/Licensed Professional: _____

Print Name: _____

Date: _____ Telephone Number: _____

Email Address: _____

UTAH STATE BAR
FORM F
Medical/Healthcare Information Release
To be signed and notarized by Applicant

A copy of this signed and notarized Form must be provided to each individual who completes Form(s) A-E. In addition, a copy must be uploaded with the application.

I, _____, hereby authorize, the professionals and/or facilities listed below to furnish and discuss with Utah State Bar agents or representatives any information in his/her/its possession relevant to my request for accommodation of the Utah State Bar examination.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until such time as the Utah State Bar completes its evaluation of my application to the Utah State Bar. I release above named treatment professional/facility and the Utah State Bar and its agents and representatives from any liability associated with the disclosure of confidential or privileged medical/healthcare information.

Names, addresses and phone numbers of professionals/facilities:

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By signing this release, I represent that I have read the information, understand it, and agree with the authorization I now make.

(Signature)

(Date)

State of _____)
County of _____)

On this ____ of _____, 20____, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on this Medical/Healthcare Information Release Form, and acknowledged to me that he/she has read and understands the contents thereof and that he/she signed it voluntarily for its stated purpose.

NOTARY PUBLIC

Residing at: _____

My Commission Expires: _____