

**NST FORM 3: 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 AD/HD. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

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.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Connecticut 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 AD/HD. The Connecticut Bar Examining Committee (Committee) also requires the qualified professional to complete this form. **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 recommending accommodations for the Connecticut Bar Examination. We appreciate your assistance.

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

Print **legibly** 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 Committee.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Occupation and specialty: _____

License number/Certification/State: _____

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations. _____

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date the applicant was first diagnosed with AD/HD. _____

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 AD/HD 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 AD/HD 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, 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 Committee 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 *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR)* (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally insufficient to establish evidence for the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

- A. Sufficient numbers of symptoms (delineated in DSM-IV-TR) 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 AD/HD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).
- E. Indication of the specific AD/HD 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 AD/HD 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 AD/HD (inattention, working memory, etc.).

1. Is there evidence from empirically validated rating scales completed by more than one source that levels of AD/HD 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 AD/HD symptoms? Yes No

If yes, briefly describe the findings.

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.

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.

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

Describe the findings, including the results of symptom validity tests.

IV. AD/HD TREATMENT

Is the applicant currently being treated for AD/HD? 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 AD/HD symptoms. If it is effective, explain why accommodations are necessary.

If no, explain why treatment is not being pursued.

**V. ACCOMMODATIONS RECOMMENDED FOR THE CONNECTICUT BAR EXAMINATION
(CHECK ALL THAT APPLY)**

DESCRIPTION OF THE CONNECTICUT STATE BAR EXAMINATION

The first day of the examination consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and 1/2 hour break in between (1 hour for lunch and 30 minutes for instructions). During the morning session, applicants are required to handwrite or type on a laptop (at the preference of the candidate) answers to 2 performance tests. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 1 hour and 30 minutes per performance test. During the afternoon session, applicants are required to hand write or type on a laptop (at the preference of the candidate) answers to 6 essay questions. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 30 minutes per essay. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

The second day of the examination consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and 1/2 hour break in between (1 hour for lunch and 30 minutes for instructions). Each session consists of 100 multiple-choice questions which must be answered by filling in answers on a computer graded grid sheet. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

Applicants are typically seated two to a 6-foot table. They are permitted to leave their desk to go to the restroom and to utilize a water station. All applicants are permitted to bring and wear ordinary foam ear plugs during the examination and to take any necessary over-the-counter and legally prescribed medications (e.g. pills taken orally and topical creams).

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?

Test question formats:

MPT/MEE

MBE

Braille

Audio CD

NA

Microsoft Word document on data CD for use with screen-reading software

Large print/**18-point font**

Large print/**24-point font**

Assistance:

MPT/MEE

MBE

Reader

NA

Typist/Transcriber for MPT/MEE

NA

Scribe for MBE

Explain your recommendation(s). _____

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

Test Portion	Standard Time	Extra Time Recommended (25%, 50%, or 100% of the standard time)
MPT	AM – 2 performance tests – 3 hours	
MEE	PM – 6 essays – 3 hours	
MBE	AM – 100 multiple choice – 3 hours	
MBE	PM – 100 multiple choice – 3 hours	

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the

examination, please explain. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

- Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

- Other arrangements (e.g., elevated table, limited testing time per day, lamp, food, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

VI. PROFESSIONAL'S SIGNATURE

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.

I certify that the information on this form is true and correct based upon the information in my records.

Signature of person completing this form

Date signed

Title

Daytime telephone number