

FORM D
**TESTING ACCOMMODATIONS – ATTENTION DEFICIT/HYPERACTIVITY
DISORDER VERIFICATION**

(Please print or type; must be legible)

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 testing accommodations for you on the basis of an Attention Deficit/Hyperactivity Disorder. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Student's full name: _____

Student Number: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by Taft Law School.

Signature of Student

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the student and is recommending accommodations on the basis of an Attention Deficit/Hyperactivity Disorder. Taft Law School 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 evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations. Your assistance is appreciated.

I. QUALIFICATIONS OF THE PROFESSIONAL*

Name of professional completing this form: _____

Address: _____

Telephone number: _____

Occupation, title & specialty: _____

License number: _____

**The following professionals are deemed appropriate and qualified to provide a diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD): Clinical Psychologist, Neuropsychologist, Psychiatrist (must be licensed).*

Please describe your specialized training in the assessment, diagnosis and remediation of AD/HD with the adult population. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical. If you are not one of the above three professions, please indicate why you are qualified to render this diagnosis and specifically, what training and experience qualifies you to conduct a differential diagnosis of AD/HD.

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date the student 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 student? _____

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

5. Describe the student'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.

6. Describe the student'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.

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. Taft Law School generally requires documentation from an evaluation conducted within the last five 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 student's development and cause the student clinically significant impairment within multiple environments. Student 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 student 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 student 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

Taking into consideration the functional limitations currently experienced by the student, what accommodation do you recommend?

Alternative Formats

- ☐ Audio CD version of the Examination
- ☐ Large Print Examination Materials
(check one: ☐ 18 pt or ☐ 24 pt.)
- ☐ Computer with SofTest installed
- ☐ Private Room
- ☐ Semi-private Room
- ☐ Microsoft Word document on data CD
for use with screen-reading software (for
written sessions)
- ☐ Other _____

Personal Assistance

- ☐ Dictate to a Typist
- ☐ Reader
- ☐ Assistance with multiple-choice
answer sheet (Scantron sheet)
- ☐ Dictate to a Tape Recorder

Please provide rationale for requests indicated:

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination. **All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.**

Essay: Specify the amount of additional test time needed per session and rationale:

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

V. PRIOR HISTORY AND PAST ACCOMMODATIONS

Please describe any previously documented history of learning disabilities and list accommodations that have been granted to the student in the past:

VI. CONFIDENTIALITY

Confidentiality policies of Taft Law School will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the student's written consent or under the compulsion of legal process.

VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE

I attach hereto copies of all test results, evaluations, educational or psychological reports that I relied upon in making this diagnosis of the student's condition/disability (notes and worksheets are not required as part of this submission). **This is required.**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

(Signature of Clinician/Licensed Professional)

(Date)

Taft Law School reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.