

FORM E
TESTING ACCOMMODATIONS – MENTAL DISABILITIES 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. 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 examination on the basis of a mental disability. 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 mental disabilities: psychiatrist, psychologist or other licensed mental health professional.*

Please describe your qualifications and experience to diagnose and/or verify the student's condition or impairment and to recommend accommodations:

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Date of last evaluation/assessment of the student: _____

2. What is the student's DSM-IV-TR (or most current version) diagnosis? Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

3. Describe the student's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology.

4. Describe the student's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the student's ability to take the bar examination under standard conditions. Note: psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the student's current functional limitations in cognition.

5. Describe the student's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the student's functional limitations and the anticipated impact on the student.

ATTACH A COMPREHENSIVE EVALUATION REPORT. An student's psychological disability must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination
- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or "rule out" diagnoses prognosis

III. ACCOMMODATIONS RECOMMENDED (check all that apply)

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)

Personal Assistance

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

☐ Other _____

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.