

This should only be completed and submitted when accommodation sought relates to learning disability.

DOC 4 - LEARNING DISABILITY VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your learning disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your learning disability or disabilities. Please read and sign the following before submitting this form to your evaluator/treating professional(s) for completion:

Full Name: _____

Date(s) of treatment: _____

Date of birth: _____

I give permission to my evaluator or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature of applicant

Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

The above named person is requesting accommodations on the Oregon Bar Examination. You have seen him/her for evaluation and/or treatment. The Board of Bar Examiners needs information and documentation in order to assess that request.

The Board of Bar Examiners requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board of Bar Examiners requires current documentation of the condition or impairment (generally within the last three years). After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to a qualified specialist(s) for the purpose of evaluating the applicant's request.

Legibly print or type your responses to the items below.

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.

Relevant records relating to the applicant, including copies of tests, assessment results, and chart note, must be attached.

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

In order to be entitled to accommodations based on a learning disability, the applicant must provide documentation, at his/her expense, establishing 1) that he/she has a learning disability that substantially limits a major life activity and 2) that the learning disability results in functional limitations that require accommodations in order for the applicant to take the examination on an equal basis with other applicants. The evaluation must:

1. be current (generally completed or updated within the last three (3) years);
2. document an information processing deficit;
3. certify that the applicant's aptitude is within the average or above-average range;
4. identify a significant discrepancy in aptitude-achievement as well as in processing measures (such discrepancies cannot be obtained from a single subtest); and

5. document that the applicant is substantially limited in a major life activity.

Date of last evaluation/assessment of the applicant: _____

Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

III. FORMAL TESTING

An applicant's specific learning disabilities must have been identified by an appropriate psycho-educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include

1. an account of a thorough diagnostic interview that summarizes relevant components of the individual's development, medical, family, social, and educational history;
2. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in standard scores and percentiles and index scores if available);
3. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;
4. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
5. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all of the above outlined information, must accompany this form. When choosing a test battery, please remember to consider the technical aspects of each test. These include the test's reliability, its validity, and whether it is standardized with norms available for the adult population. The professional judgment of the evaluator is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or more current version)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: the Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WAIT)
- Scholastic Abilities Test for Adults (SATA)
- Nelson-Denny Reading Test (timed and untimed), given in conjunction with one of the above tests to further document reading abilities and reading rate

Please note: the Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PAIT, PAIT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index, and/or cluster scores on the WAIS-III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as

other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

IV. LEARNING DISABILITY

1. Please include any informal measures, background history, and clinical observations that aided you in determining that the applicant has a learning disability.

2. Is the applicant substantially limited in one or more major life activities? ☐ yes ☐ no

If yes, identify all such major life activities and describe the substantial limitation(s) and functional impact on the applicant's ability to take the bar examination under standard conditions.

3. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? ☐ yes ☐ no

Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

V. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION

The Oregon Bar Examination is administered into two 3 hour sessions on Tuesday; and two 3 hour sessions on Wednesday, as scheduled twice each year.

Lunch breaks are one hour and 30 minutes each day. Based on the applicant's condition or impairment and your diagnosis, what test accommodations, if any, would you recommend? (Check all that apply.)

Formats:

- ☐ Braille version of examination
- ☐ Audio version of examination
- ☐ Large print – 18-point font
- ☐ Large print / 24-point font

Assistance:

- ☐ Reader
- ☐ Typist/Transcriber
- ☐ Sign language interpreter

☐ Extra testing time. Indicate below how much extra testing time is required:

Test Portion	Standard Time	Extra Time Requested
MPT/Performance (2 MPT's in session)	3 hours	<input type="radio"/> 10% <input type="radio"/> 25% <input type="radio"/> 20% <input type="radio"/> 50% <input type="radio"/> Other (specify) _____
Essays (6 essays in session)	3 hours	<input type="radio"/> 10% <input type="radio"/> 25% <input type="radio"/> 20% <input type="radio"/> 50% <input type="radio"/> Other (specify) _____
MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="radio"/> 10% <input type="radio"/> 25% <input type="radio"/> 20% <input type="radio"/> 50% <input type="radio"/> Other (specify) _____

☐ Extra breaks. How long and how often are additional breaks requested?

If you are recommending extra time on the essay, performance, and/or multiple choice portion(s) of the examinations, please explain why extra breaks are also necessary.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the essay portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the performance portion(s) of the examination.

Please provide your rationale for recommending extra time and for the amount of additional time recommended on the multiple-choice portion(s) of the examination.

☐

Other arrangements requested (e.g., elevated table, lamp, medication, seat near restroom, limited testing time per day, private/semi-private room, etc.).

V. PROFESSIONAL'S SIGNATURE

I have attached copies of all test results, evaluations, and educational or psychological reports that I relied upon in completing this form.

I certify that all the information on this form is true and correct.

Signature of person completing this form

Date signed

Title

Daytime telephone number