

**This should only be completed and submitted when accommodation sought relates to AD/HD.**

## **DOC 5 - ATTENTION DEFICIT / HYPERACTIVITY DISORDER 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 Attention Deficit/Hyperactivity Disorder (AD/HD) or who has been involved in making recommendations for test accommodations on the bar examination as a result of your AD/HD. 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

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### **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 (Board) requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Board 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.

The Board of Bar Examiners requires that an applicant with Attention Deficit/Hyperactivity Disorder (AD/HD) be identified by a Comprehensive Diagnostic Evaluation report that addresses all the points specifically inquired about in the summary questions below. The evaluation should:

1. be current (generally completed or updated within the past three years);
2. follow full, standard DSM-IV-TR (or most current version) diagnostic criteria for AD/HD determination; and
3. provide evidence that diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of impairment.

Attach a copy of the Comprehensive Diagnostic Evaluation Report to this form.

Please note: a showing of significant impairment in one or more major life activities is necessary in order for the applicant to be granted test accommodations on the bar examination.

## **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**

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. An applicant warranting an AD/HD diagnosis must meet basic DSM-IV-TR criteria, including the following:

1. Sufficient numbers of symptoms (delineated in DSM-IV-TR) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been “maladaptive.” The exact symptoms should be described in detail.
2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
3. Objective evidence indicating that current impairment from the symptoms is present 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.
4. 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.).
5. Indication of the specific AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

DSM-IV-TR criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms that occur across the applicant’s development and that cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally deemed insufficient to establish evidence for AD/HD.

AD/HD is primarily based on a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the applicant’s relevant background, including family, academic, social, vocational, medical, and psychiatric history. The evaluation should show how AD/HD symptoms have been manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in coping efforts. There should be a clear attempt to rule out other potential explanations for the AD/HD symptoms.

Please provide a comprehensive evaluation that addresses all five points in **Section II Diagnostic Information Concerning Applicant** (above) and complete questions 1-7 that follow.

1. Provide the Date the applicant was first diagnosed with AD/HD. \_\_\_\_\_
2. Did you make the initial diagnosis? ☐ yes ☐ no

If not, provide the name of the professional who made the initial diagnosis and when it was made, if known, and attach copies of any prior evaluation reports, test results, and or other records related to the initial diagnosis that you reviewed.

3. Provide the date of your last complete evaluation of the applicant. \_\_\_\_\_

4. 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. List any objective evidence of those symptoms, such as job evaluations, rating scales, filled out by third parties, academic records, etc.

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5. 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. List any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.

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6. Does the applicant meet full DSM-IV-TR criteria for (check which diagnosis applies):

- ☐ AD/HD, Combined Type
- ☐ AD/HD, Predominantly Inattentive Type
- ☐ AD/HD, Predominantly Hyperactive-Impulsive Type
- ☐ AD/HD, not otherwise specified

7. 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.

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### **III. FORMAL TESTING**

AD/HD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self reported AD/HD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

1. Were AD/HD questionnaires and/or AD/HD checklists completed? ☐ yes ☐ no

Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the applicant's emotional status and rule out other psychological problems. If such tests were not used, there should be a clear explanation of why they were not deemed necessary to rule out other potential explanations for reported AD/HD symptoms.

2. Was psychological testing completed? ☐ yes ☐ no

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychological diagnosis.

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Cognitive test results cannot be used as the sole indication of AD/HD diagnosis independent of history and interview. However, these test findings often augment the AD/HD evaluation and should be reported. 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.) In general, the applicant who has completed law school, reporting academic distress secondary to AD/HD symptoms, should demonstrate at least average to above-average intelligence.

3. Was cognitive testing performed? ☐ yes ☐ no

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of cognitive deficits associated with AD/HD.

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The evaluation should indicate a concern with reliability, particularly the reliability of self-reported information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the applicant's motivation to achieve a specified goal.

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

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#### **IV. AD/HD TREATMENT**

Is the applicant currently being treated for AD/HD results? ☐ yes ☐ no

If yes, describe the type of treatment, including medication. Explain to what extent this treatment is beneficial in ameliorating the AD/HD symptoms. If it is beneficial, state why accommodations are necessary.

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If no, explain why treatment other than accommodation is not being pursued.

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#### **V. ACCOMMODATIONS RECOMMENDED FOR THE OREGON BAR EXAMINATION**

The Oregon Bar Examination is administered in 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?

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- ☐ 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.

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

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

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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.

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

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## **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