Supplemental Information for the LP Subject Matter Exam

Breaks are automatically included in accommodations for additional time:

Please keep in mind that all additional time accommodation awards include taking restroom and stretch breaks as needed. No additional "off-the-clock" time is added to the exam session, but there is no need to request that you be allowed to take restroom or stretching breaks.

Medicine and Necessary Medical Equipment do not normally require accommodations:

No accommodations are necessary to bring medicines into the exam environment. Medical equipment only requires accommodations if the equipment is noisy or excessively bulky because these attributes may disturb fellow exam takers.

How to Submit your Accommodation Request:

This completed request packet must be scanned or saved as a combined single document and the electronic version of the single document must be named using the following naming nomenclature: [Last Name], [First Name] - Testing Accommodation Request. Your testing accommodation request packet must be submitted via email to kbaumann@osbar.org.

TEST ACCOMMODATIONS INFORMATION SHEET

GUIDELINES:

The Oregon State Bar encourages persons with disabilities to apply for test accommodations. Reasonable test accommodations will be made on the LP Subject Matter Examination for qualified applicants with disabilities. The LP Subject Matter Examination is a 60-90 minute timed examination designed to test the knowledge and skills necessary for one who seeks admission to the Oregon State Bar as a Licensed Paralegal endorsed in the subject matter being tested.

It is the policy of the Oregon State Bar to administer the LP Subject Matter Examination and all other services of this office in accordance with the Americans with Disabilities Act Amendment Act (ADAAA). A qualified applicant with a disability who is otherwise eligible to take the LP Subject Matter Examination, but whose impairment limits his/her ability to demonstrate under standard testing conditions that he/she possesses the knowledge and skills to be admitted to the Oregon State Bar as a Licensed Paralegal, may request reasonable test accommodations.

The Oregon State Bar will make reasonable modifications to any policies, practices, and procedures that might otherwise deny equal access to individuals with disabilities, provided such modifications do not result in a fundamental alteration in the examination or other admission requirements. In order to accommodate disabled persons, the Oregon State Bar will furnish additional time, auxiliary aids, and other accommodations when necessary to ameliorate the impact of the applicant's disability on the applicant's ability to take the LP Subject Matter Examination. The determination of testing accommodations is an individualized inquiry and will be made on a case-by-case basis. No additional charges will be assessed to individuals with disabilities to cover the costs of reasonable accommodations.

Requests for test accommodations will be evaluated on a case-by-case basis. The applicant must submit documentation from one or more qualified professionals that provides information on the diagnosed impairment(s), the applicant's current level of impairment, and the rationale for the accommodations requested on the LP Subject Matter Examination. In addition, the applicant must submit verifying documentation of his or her history of accommodations, if any. All documentation will be retained by the Oregon State Bar and may be submitted to one or more qualified professionals for an impartial review.

Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the LP Subject Matter Examination, although the Committee gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an IEP or Section 504 plan.

DEFINITIONS

1. *Disability* is a physical or mental impairment that substantially limits one or more of the major life activities of the applicant. In the LP Subject Matter Examination setting, the impairment must limit an applicant's ability to demonstrate, under standard testing conditions, that the applicant possesses the knowledge, skills and abilities tested on the LP Subject Matter Examination
2. *Physical impairment* is a physiological disorder or condition or an anatomical loss affecting one or more of the body's systems.
3. *Mental impairment* is a mental or psychological disorder such as organic brain syndrome, emotional or mental illness, attention deficit/hyperactivity disorder, or a specific learning

disability.

4. *Major life activities* include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

5. *Reasonable accommodation* is an adjustment or modification of the standard testing conditions, or an appropriate auxiliary aid or service, that ameliorates the impact of the applicant's disability without doing any of the following:

   a. fundamentally altering the nature of the LP Subject Matter Examination, including but not limited to compromising the validity or reliability of the examination; or

   b. imposing an undue burden on the Oregon State Bar; or

   c. jeopardizing examination security.

FILING DEADLINE

Requests for accommodations will be considered after receipt of all the following required information, so long as the following information is provided by the timely filing deadline[1]:: 1) A completed Applicant Request for Test Accommodations form with all requested signatures and initials placed on the lines provided in the checklist and such initials and signatures must be given for the purposes stated in the checklist;; The 2) a completed Applicant Checklist with all requested signatures and initials placed on the lines provided in the checklist and such initials and signatures must be given for the purposes stated in the checklist; 3) mailed on or before the **timely filing deadline** detailed in RLP 6.5(d). The timely filing deadline for LP Subject Matter Exams shall be two months following the Entry Exam Notice date.

Applicants with disabilities are subject to the same application deadline as individuals without disabilities. Because some of the accommodation request forms require input from third parties, the appropriate individuals should be asked to complete the forms well in advance of the deadline.

Incomplete or untimely requests will be rejected except where: (a) disability occurs after the application filing deadline; or (b) the accommodation request does not cause an undue hardship on the Committee or the Oregon State Bar.

[1] Incomplete requests and late filed requests will be considered, so long as the request is received with sufficient time for an appeal to the Committee of Paralegal Assessors should the request, so long as applicant has provided a true, accurate and complete answer to every questions asked of the applicant in the accommodation request packet materials, and all supporting documents available to applicant at the time of the requests submission. It is estimated that the admission manager will need a minimum one week to review and respond to any accommodation request, and that the Committee of Paralegal Assessors need a minimum of two weeks to consider an appeal from an applicant related to the admission manager's decision. Requests received later than these minimums will still be considered, by the admission manager, but any requested appeal could not be provided as it would cause an undue hardship to even attempt such an appeal, All requests received less than 30-days before the LP entry exam for which the accommodation request applies, must be accompanied with an affidavit in which the applicant makes the following statement: "I have taken reasonable measures to locate or receive the materials needed by the Oregon State Bar to confirm my request is governed by the Americans with Disability Act (ADA), or to determine if the accommodation(s) sought is a (are) reasonable accommodation(s) under the standards provided by the ADA in order to take the LP Entry Exam. I gave sufficient and reasonable time for all third parties to respond to my request for information, but I have been unable to obtain the following required information or documents despite these reasonable efforts:" Following the preceding statement, applicant must identify each missing item, the third party from whom the information was requested, and the date that such third party was provided the request from Applicant. Finally, the applicant must sign the affidavit in front of a licensed notary and have the document notarized.

STEPS FOR SUBMITTING A COMPLETE REQUEST

This application packet contains seven separate forms, but you need only submit those forms and documents that pertain to your particular disability. Please carefully review the information below to ensure that you submit a complete request. A checklist is provided in Section V of Form 1: Applicant Request for Test Accommodations, which you should complete and submit with your request. All required forms and documentation must be submitted together by the deadline.

IMPORTANT NOTE: Some of the forms that must be submitted with your request must be completed by third parties and returned to you for submission to the Oregon State Bar. Make certain that you request completion of these forms by the third parties in a timely manner so that you are able to submit your request by the deadline.

STEP 1: Have a qualified professional complete the applicable disability verification form and return it to you for submission to the Oregon State Bar. There are separate forms for learning disabilities, AD/HD, psychological disabilities, visual disabilities, and physical disabilities (DOCS 2 or 3). You will need to complete the top portion of the applicable disability verification form and request that your qualified professional complete the rest of the form and return it to you. Your qualified professional should attach to the completed disability verification form any comprehensive evaluation report and/or relevant records used for completing the form.

STEP 2: Gather verifying documentation of your history of accommodations requests, if any. Complete the tope portion of page 1 of DOC 4, and then request that the school or learning institution (hereinafter "entity") from which you requested accommodations complete the remainder of the form and return it to you. You must complete this step whether your request was granted or denied. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame (e.g., third year of law school) and the nature of the disability (e.g., AD/HD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, please provide copies of all IEPs or 504 Plans.

STEP 3: If the nature of your disability is AD/HD or a learning disability, provide transcripts. Attach copies of your school transcripts. Photocopies of transcripts are acceptable for this purpose. Learning disabilities and AD/HD are developmental disorders with childhood onset, even if not diagnosed until adulthood. Transcripts or report cards of your elementary, middle school, and high school education, while not required, are useful in providing evidence of symptoms and impairment present during childhood. The Oregon State Bar reserves the right to request such academic records in particular cases.

STEP 4: Complete and sign DOC 1: Applicant Request for Test Accommodations. Attach all relevant forms and documents, as indicated above, so that all required documentation is provided in one submission.

Requests for test accommodations and supporting documentation may be submitted to the Oregon State Bar at 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935.

DESCRIPTION OF THE EXAMINATION

The LP Subject Matter Examination is administered over 60-90 minutes in a quiet environment, and the applicants are allowed to use small foam earplugs. Applicants are also allowed to have unwrapped food and a clear container of water. No items other than those included in the Committee of Paralegal Assessor's test instructions may be brought into the testing room unless approved as test accommodations.

ALL APPLICANTS MUST COMPLETE THIS CHECKLIST FORM AND INCLUDE IT IN THEIR REQUEST PACKET

APPLICANT CHECKLIST FOR REQUESTING TEST ACCOMMODATIONS

You must submit all forms to the appropriate person(s) and follow up to make sure that the Oregon State Bar receives each form and required disclosures by the filing deadline. Initial each line to indicate that all required information has been provided. If not provided, put an X on the line and provide a statement why it is not provided and initial to the right of the statement.

STEP 1. READ THE TEST ACCOMMODATIONS INFORMATION SHEET.

STEP 2. SUBMIT THE COMPLETE TEST ACCOMMODATIONS REQUEST PACKET. INCLUDE A COPY OF THIS CHECKLIST INDICATING EACH ITEM ENCLOSED.

_____Completed **Applicant Request for Test Accommodations Form**. All applicants seeking test accommodations must submit the Applicant Request for Test Accommodations Form. Include the following with your completed test accommodations packet:

_____Narrative description of the nature and extent of your specific disability or disabilities, ho each disability affects you in your daily life, and all accommodations you are requesting

Treatment Provider Verification Forms (as applicable):

_____**Attention Deficit/Hyperactivity Disorder Verification Form**

- Complete the top portion of the AD/HD Verification Form and request that your physician or other licensed professional qualified to diagnose and treat your disability complete the rest of the form and return it to you for submission to the Oregon State Bar.

- Submit copies of the following documents:

  _____your high school transcript

  _____your undergraduate transcript

  _____your postgraduate transcript

  _____your law school transcript

Prior Accommodations Verification Forms (as applicable):

_____**School Verification Form** (if you requested accommodations in secondary or graduate school)

- Complete the top portion of the School Verification Form and request that the law school administrator or professor responsible for authorizing test accommodations complete the rest of the form and return it to you for submission to the Oregon State Bar.

I have completed and attached all the required forms including supporting documentation.

_____ _____
Applicant's Name Applicant's Phone Number

_____
Applicant's Email Address OR IN THE ALTERNATIVE

I have completed this form and attached all required forms, but have not provide all requested supporting documentation as said documents are not presently available to me.

_____ _____
Applicant Signature Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

_____ _____
Signature of individual signing on behalf of applicant Date signed

ALL APPLICANTS MUST COMPLETE THIS ENTIRE SECTION II FORM AND INCLUDE IT IN THEIR ACCOMMODATION REQUEST PACKET
(every single question must be answered. Enter "N/A" if not applicable.

DOC 1 - APPLICANT REQUEST FOR TEST ACCOMMODATIONS

NOTICE TO APPLICANT: This form is part of your request for test accommodations on the LP Subject Matter Examination. This form and all other applicable forms and required documentation must be must be completed and postmarked or received by the Oregon State Bar on or before the *timely* filing deadline.

Full name: _____ Date of birth: _____

I. YOUR DISABILITY STATUS

1. Check the disability or disabilities for which you are requesting accommodations.

☐ Visual Impairment
☐ Hearing Impairment Other
☐ Physical Disability
☐

☐ Psychological Disability
☐ Specific Learning Disability
☐ AD/HD

Other (please describe) _____

2. Who first diagnosed your disability? _____

What was the date of the initial diagnosis?_____

What was your age when diagnosed? _____

3. Are you currently being treated? ◯ yes ◯ no
If yes, provide the name, qualifications, and contact number of your current physician or treating professional.

_____

_____

4. What treatment and/or medication is currently prescribed?

_____

_____

5. Are you following treatment and/or taking medication as prescribed? ◯ yes ◯ no ◯ n/a

6. Is the medication and/or treatment effective in controlling symptoms? ◯ yes ◯ no ◯ n/a
If no, describe remaining symptoms.

_____

II. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

1. In elementary school, did you receive disabled-student services, tutoring services, or test accommodations? ◯ yes ◯ no

   If yes, provide the name and address of the school and attach any written documentation of accommodations granted and/or documentation of other services received.

   _____

   _____

   What was your condition or diagnosis? _____

   What accommodations did you receive for your disability? _____

   _____

   _____

2. In middle school or junior high school, did you receive disabled-student services, tutoring services, or test accommodations? ◯ yes ◯ no

   If yes, provide the name and address of the school and attach any written documentation of accommodations granted and/or documentation of other services received.

   _____

   _____

   What was your condition or diagnosis? _____

   What accommodations did you receive for your disability? _____

   _____

   _____

3. In high school, did you receive disabled-student services, tutoring services, or test accommodations?
   ◯ yes ◯ no

   If yes, provide the name and address of the school and attach any written documentation or accommodations granted and/or documentation of other services received.

   _____

_____

What was your condition or diagnosis? _____

What accommodations did you receive for your disability? _____

_____

_____

4. If you attended college or a postgraduate school, did you receive disabled-student services, tutoring services, or test accommodations? ◯ yes ◯ no

   If yes, provide the name and address of the school and attach any written documentation or accommodations granted and/or documentation of other services received. _____

   _____

   _____

   What was your condition or diagnosis? _____

   What accommodations did you receive for your disability? _____

   _____

   _____

5. Have you ever taken a standardized test for any educational program or to considered for admission into any government program, or entry exam into any profession other than the SAT, ACT or GRE? ◯ yes ◯ no

6. If yes, please identify each standardized exam for which the above yes would apply:

   _____

   _____

   _____

   _____

   _____

   (Attach an additional sheet to list all such exams if the above spaces are insufficient to list all such exams)

7. For the exams listed above, did you request test accommodations on such exam? ◯ yes ◯ no

   Attach a copy of each letter you received from each the testing organization detailing the results of your request(s) for accommodations for each administration of the exams for which accommodations were requested.

What was the condition or diagnosis upon which the accommodation was received? _____

What accommodations did you receive for your disability? _____

8. What were the results of any tests listed in Question 6 above, regardless of whether the exam was taken with or without accommodations (i.e. pass, fail, or if a score was provided without a pass/fail assessment, you must provide any information that was included with the score to explain the meaning of the score).

9. Have you ever taken the SAT, ACT or GRE? ◯ yes ◯ no

10. If answer to Question 9 is yes, did you request accommodations on any of these exams? ◯ yes ◯ no

    If yes, attach a copy of each letter you received from the testing organization detailing the results of your request(s) for accommodations for each administration of the SAT, ACT or GRE you took.

    What was your condition or diagnosis? _____

    What accommodations did you receive for your disability? _____

    Score(s) (with or without accommodations) SAT:_____; ACT:_____; GRE:_____;

11. If yes, please identify each standardized exam for which the above yes would apply:

_____

_____

_____

_____

_____

(Attach an additional sheet to list all such exams if the above spaces are insufficient to list all such exams)

12. Have you ever requested accommodations for any employment you may have had in the past? ◯ yes ◯ no

    If yes, attach separate sheet(s) of paper that identify the following information for each employer with whom you requested accommodations for your employment:

    What condition or diagnosis was your accommodation based upon? ◯ yes ◯ no

    Was your accommodation request approved or denied? ◯ yes ◯ no

    If approved, what accommodations did you receive for your disability from each employer? ◯ yes ◯ no

Did your employer require you to provide any documents in support of your request? ◯ yes ◯ no

If your answer to the immediate prior questions is yes, provide such documentation.

Did the employer provide you a written response to your request for accommodations?

If your answer to the immediate prior question is yes, provide the employer's written response.

III. ACCOMMODATIONS REQUESTED FOR THE LP SUBJECT MATTER EXAM (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:

◯ 110% ◯ 125% ◯ 175% *All times listed represent % of standard. Not % of additional time added to the standard time.
◯ 115% ◯ 133% ◯ 200%
◯ 120% ◯ 150% ◯ Other (specify) _____

☐ Off-the-Clock breaks?. If so, how long and how often are breaks requested? _____
_____

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

_____

_____

Attach a narrative description stating:

- The nature and extent of your disability or disabilities;
- How each disability affects you in your daily life; and

- Your rationale for each accommodation you have requested and the connection between the effects of your disability and the accommodations you have requested.

IV. YOUR CERTIFICATION THAT THE INFORMATION IN SECTIONS I THROUGH III IS TRUE, ACCURATE AND COMPLETE

___Initial The information I have provided in support of my request for test accommodations is true, accurate and complete. I understand that false statements made herein could result in a denial of my request for a Paralegal License in Oregon based on character and fitness grounds.

__Initial I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to a qualified specialist retained by the Oregon State Bar, and I authorize such disclosure.

__Initial I understand that all documentation specified as being required in this application for test accommodations is an integral part of my request for a paralegal license.

__Initial I acknowledge that the Oregon State Bar may not be able to make adequate determination on my request for test accommodations unless I have provided all necessary documentation.

_____ _____

Applicant signature Date signed

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

DOC 3 - 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 LP Subject Matter 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 State Bar or the consultant(s) of the Committee.

_____ _____

Signature of applicant Date

NOTICE TO EVALUATOR/TREATING PROFESSIONAL:

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

The Oregon State Bar (Committee) requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Committee 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 Committee for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Committee 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 Oregon State Bar 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 LP Subject Matter 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.

_____

_____

_____

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.

_____

_____

_____

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 LP Subject Matter Examination under standard conditions.

_____

_____

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.

   _____

   _____

   _____

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.

   _____

   _____

   _____

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.

_____

_____

_____

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.

_____

_____

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

_____

_____

V. ACCOMMODATIONS RECOMMENDED FOR THE OREGON LP SUBJECT MATTER EXAMINATION

The LP Subject Matter Examination is administered into one 60-90 minute multiple-choice examination, as scheduled twice each year.

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:

○ 110% ○ 125% ○ 175% *All times listed represent % of standard. Not % of additional time added to the standard time.
○ 115% ○ 133% ○ 200%
○ 120% ○ 150% ○ Other (specify) _____

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

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

_____

_____

VI. 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

DOC 4 - SCHOOL ACCOMMODATION VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by the school or institution official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the school or institution for completion:

Full Name: _____

Date of birth: _____

School/Institution: _____ Dates of attendance: _____

I hereby authority you to release the requested information on this form and request that you release any additional relevant information regarding my disability or accommodations previously granted as may be requested by the Oregon State Bar.

_____ _____

Signature of applicant Date

NOTICE TO SCHOOL OR INSTITUTION OFFICIAL: Please legibly print or type your responses to the items below, and return the completed form to the applicant for submission to the Oregon State Bar for consideration of the applicant's request for test accommodations.

The applicant named above, who is or was in attendance at this law school, reports he/she was granted accommodations. Please answer the questions on the following page and verify the accommodations that your school or institution previously granted the applicant.

TEST ACCOMMODATIONS GRANTED

Please check all that apply or attach a copy of the accommodations letter sent to the applicant describing the accommodations that were granted.

Formats:

- ☐ Braille
- ☐ Audio
- ☐ Large print

Assistance:

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

☐ Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 150% of standard time[i]) or as extra minutes per hour.

_____

What percentage of the extra time granted was used by applicant? _____%

☐ Extra breaks. How long and how often were the extra breaks?

How long? _____ How often? _____

☐ Other arrangements granted _____

I certify that the information supplied on this form is true and correct based on the information retained in the files of the law school.

_____ _____
Signature of person completing this form Date signed

_____ _____
Title Daytime telephone number

[i] Please note that the % stated in the example is the % OF standard time, and does not reflect a % of the additional time that was granted (150% of a 60-minute exam would be 90-minutes, not 150 minutes).