

# VERMONT BOARD OF BAR EXAMINERS

## REQUESTS FOR TESTING ACCOMMODATIONS FOR THE VERMONT BAR EXAMINATION

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# VERMONT BOARD OF BAR EXAMINERS

## TESTING ACCOMMODATIONS: POLICY FOR APPLICANTS WITH DISABILITIES

The Vermont bar examination is intended to test qualified applicants to determine whether they have the knowledge and skills relevant to the practice of law.

It is the policy of the Vermont Board of Bar Examiners ("Board") to administer the bar examination in a manner that does not discriminate against qualified applicants with disabilities. A qualified applicant with a disability who is otherwise eligible to take the examination, but who cannot demonstrate under standard testing conditions that he or she possesses the knowledge and skills necessary to be admitted to the Bar of the State of Vermont, may request reasonable testing accommodations.

The Board will make reasonable modifications in any policies, practices, and procedures that might otherwise deny equal access to individuals with disabilities. Such modifications will be made unless a fundamental alteration in the examination or other admission requirements would result. Separate charges will not be assessed to individuals with disabilities to cover the costs of reasonable accommodations. No individual will be required to accept the accommodations offered by the Board.

### DEFINITIONS

"Disability" means a physical or mental impairment that substantially limits one or more of the major life activities of the applicant.

"Physical impairment" means a physiological disorder or condition or anatomical loss affecting one or more of the body's systems.

"Mental impairment" means a mental or psychological disorder such as organic brain syndrome, emotional or mental illness, attention deficit disorder and specific learning disabilities.

"Qualified applicant with a disability" means an applicant with a disability who with reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, is capable of demonstrating that he or she possesses the knowledge, skills and abilities tested on the Vermont bar examination.

"Reasonable accommodation" or "accommodation" means an adjustment or modification of the standard testing conditions that mitigates the impact of the applicant's disability without fundamentally altering the nature of the examination, or the Board's ability to determine whether the applicant possesses the minimum level of competence necessary for the practice of law in Vermont, without imposing an undue administrative or financial burden on the Board, without providing an unfair advantage to the applicant and without compromising the security and validity of the examination.

## REQUESTS FOR ACCOMMODATIONS

A request for accommodations must be submitted to the Board no later than December 1 for the February exam and May 1 for the July exam. The request must include the following completed documentation:

1. **Application for Testing Accommodations** (Form A).
2. **Authorization and Release form** (attached to Form A).
3. **Statement of Law School Official** (Form B). This form must be submitted regardless of whether accommodations were applied for or approved at your law school.
4. **Disability Documentation** completed by a qualified licensed professional (Form C) If the disability is a learning disability or Attention Deficit Disorder (with or without hyperactivity) (ADD/ADHD), the documentation must be supplemented using Form C-LID or Form C-ADD/ADHD as appropriate. For more information about documentation required to establish disability, please see the separate Guidelines for Documenting Disabilities.

The applicant has the burden of proof to establish the existence of a disability and the need for testing accommodations.

The Board will review requests for testing accommodations on a case-by-case basis and will issue a written statement granting, denying, or modifying the request for accommodation. The Board may request additional documentation and may refer the applicant's records to a medical or other specialist for evaluation at the expense of the Board. While the Board will make every effort to issue its decision in a timely manner, its ability to do so will depend on the nature of the individual request, including the potential need for outside evaluation of the request.

## APPEALS

The Board's decision is subject to review by the Vermont Supreme Court in accordance with the Rules of the Supreme Court.

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If you have any questions about the Board's policies with respect to reasonable accommodations in testing, please call the bar admission administrator at 802-828-3281.

# VERMONT BOARD OF BAR EXAMINERS

## TESTING ACCOMMODATIONS: GUIDELINES FOR DOCUMENTING DISABILITIES

### **General Guidelines for Documenting All Disabilities**

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. The application and documentation submitted in support of a request may be referred to a consultant who practices in the appropriate area of disability for a fair and impartial professional review.

1. You must complete and submit an original Application for Testing Accommodations (Form A) and Statement of Law School Official (Form B). If you have filed a Statement of Law School Official in connection with an earlier request for accommodations, you need not do so again.
2. You must also submit the Disability Documentation and information required in Form C, prepared by an evaluator with professional credentials appropriate to the type of disability being documented (e.g., a physician or a licensed clinical psychologist). The documentation should:

**State a specific diagnosis of the disability.** A professionally-recognized diagnosis for the particular category of disability is expected (e.g., the DSM-IV diagnostic categories for learning disabilities).

**Be current.** Because the provision of reasonable accommodations is based on assessment of the current impact of the applicant's disability on the testing activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past two years (e.g., low vision or neuromuscular conditions are often subject to change and should be updated for current functioning).

**Describe the specific diagnostic criteria and name the diagnostic tests and other measures used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results.** This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis (e.g., documentation for an applicant with multiple sclerosis should include specific findings on the neurological examination, including functional limitations and MRI or other studies, if relevant). Diagnostic methods used should be appropriate to the disability and should be consistent with current established professional practices within the field.

**Describe in detail the individual's limitations due to the diagnosed disability (i.e., a demonstrated impact on functioning related to taking the bar examination) and explain the relationship of the test/evaluation results to the identified limitations resulting from the disability.** The current functional impact on physical, perceptual and cognitive abilities should be fully described (e.g., an applicant with macular degeneration has reduced central vision, which limits the ability to read).

**Recommend specific accommodations and/or assistive devices.** Include a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

**Establish the professional credentials of the evaluator that qualifies him or her to make the particular diagnosis, including license or certification information and specialization in the area of the diagnosis.** The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

3. If prior accommodations were not requested, required, or provided, the evaluator must include a detailed explanation as to why accommodations were not sought or required in the past and why accommodations are now necessary.
4. To avoid delays in the processing of accommodation requests, make sure you or your evaluator complete all sections of the required forms, that the information provided is comprehensive and legible, and that all required supporting documentation is included when your application is submitted.

Please note that problems such as test anxiety, English as a second language, slow reading without an identified underlying cognitive deficit, and failure to achieve a desired academic outcome are not in and of themselves learning disabilities, and therefore, should not be the sole basis for requesting accommodations.

It is important to note that a prior history of receiving accommodations in previous academic or testing environments is not a guarantee that one will be granted accommodations on the Vermont bar exam.

The information and documentation provided by you in connection with this request are subject to the same obligation of candor as all other information provided in your application.

### **Special Note Regarding Requests for Additional Time**

The standard Vermont bar examination is a two-day timed test. The first day consists of two performance tests in the AM session (three hours) and four essay questions in the PM session (four hours). The second day consists of 100 multiple choice questions in both the AM and PM sessions, each of which lasts three hours. All applicants may take breaks and use the restroom at their convenience and receive an hour for lunch.

In addition to the other information required, if additional time to complete the examination is recommended, the evaluator must:

- explain the rationale for the request;
- specify the number of additional minutes per session that he or she is recommending;
- specify if the additional time is for testing or breaks; and
- submit supporting documentation that the request for additional time mitigates the impact of the applicant's disability on the examination process without fundamentally altering the nature of the examination.

## **Guidelines for Documenting Visual Disabilities**

In addition to Form C, applicants submitting a request for an accommodation based on a visual disability must submit a vision evaluation report from a qualified medical professional. The report must be submitted on the professional's letterhead and it must provide clear and specific evidence of a visual disability and a recommendation as to the accommodations needed. Recommendations cannot be supported solely by a history of prior accommodations.

The vision evaluation report should include the following information:

1. a detailed visual and medical history;
2. the current diagnosis;
3. the best corrected visual acuities for distance and near vision;
4. eye health (both external and internal evaluations);
5. diagnosis-specific findings that address all relevant areas, e.g.
  - Visual field: threshold field, not confrontation (provide measurements, and copies of reports)
  - Binocular evaluation: eye deviation (provided measurements), diplopia, suppression, depth, etc. (specify the distance or near point)
  - Accommodative skills: at near point, with and without lenses (provide measurements)
  - Oculomotor skills: saccades, pursuits, tracking
6. a clear description of how the deficits or difficulties currently impair the individual's ability to learn, and show how they impair the person in standardized testing situations; and
7. a clear rationale that links the diagnosis to the recommended accommodations.

## **Guidelines for Documenting Learning Disabilities**

In addition to Form C, applicants submitting a request for an accommodation based on a learning disability or other cognitive impairment must file Form C-LD documenting additional information related to the learning disability, including a comprehensive evaluation report that includes objective evidence of a substantial limitation in learning.

The comprehensive evaluation report should include the following:

1. **A qualified professional must conduct the evaluation.** The diagnostician must have comprehensive training in the field of learning disabilities and direct experience in working with an adult population.
2. **Testing/assessment must be current.** The determination of whether an individual is significantly limited in functioning is based on assessment of the current impact of the impairment (see General Guidelines).
3. **A diagnostic interview and history taking.** The assessment report should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the applicant's self-report, the report of assessment should include or otherwise address:
  - A description of the presenting problem(s);
  - A developmental history that establishes a childhood onset of impairment;
  - Relevant academic history including results of prior standardized testing, grades, any suspensions or disciplinary actions, teacher comments describing classroom performance and behavior, study habits, and notable trends in academic performance;
  - Family history, including primary language of the home and current level of fluency in English; Relevant psychosocial history;

- Relevant medical history including ruling out a medical basis for the present symptoms; Relevant employment history including a description of how their learning problems impacted them in past or current jobs;
  - A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning; and
  - Exploration and ruling out of possible alternative explanations that may better explain their learning/testing difficulties (such as situational stressors, anxiety, depression, divorce, substance abuse, etc.).
4. **A formal psycho-educational or neuropsychological report.** The psycho-educational or neuropsychological report must be submitted on the letterhead of a qualified medical/professional authority and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist. Diagnosticians need to build a solid case for their diagnostic conclusions incorporating not only testing scores and self-reported history, but including evidence of real-world functional impairment relating to the learning problems. For example, in the case of a reading disability, diagnosticians should provide evidence of persistent reading deficiencies in the classroom (low reading groups, history of tutoring/extra help, teacher observations of deficient oral reading or comprehension, resource room assistance etc.) rather than a single test score on a standardized test such as the Nelson Denny Reading Test. The diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not appropriate or acceptable to base any learning disability diagnosis on only one or two subtests. The evaluator must also present objective evidence of a substantial limitation to learning that goes beyond mere test scores. Any tests used must be appropriately normed for the age of the patient and must be administered in the designated standardized manner. The domains to be addressed should include the following:
- **Cognitive functioning.** A complete cognitive assessment is essential with all subtests and standard scores reported. This is necessary to rule out intellectual limitation as an alternative explanation for academic difficulty and to identify cognitive strengths and weaknesses. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-111); Woodcock Johnson Psycho-educational Battery-111; Tests of Cognitive Ability; and Kaufman Adolescent and Adult Intelligence Test.
  - **Achievement.** A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), spelling, and written expression. Acceptable instruments include, but are not limited to, the Woodcock Johnson Psycho-educational Battery-111; Tests of Achievement; and The Scholastic Abilities for Adults (SATA). Other specific achievement tests may be a useful supplement to the achievement battery when interpreted within the context of other diagnostic information. However, please be advised that The Wide Range Achievement Test-3 (WRAT-3) and the Nelson Denny Reading Test are only screening tests and are not comprehensive diagnostic measures of achievement. Therefore, neither is acceptable if used as the sole measure of achievement and neither is sufficient to establish a learning disability.
  - **Information processing.** Evidence of processing deficiencies might involve short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, and/or motor ability. It is recommended that these functions be assessed to delineate the learning disability. Acceptable measures include but are not limited to the Detroit Tests of Learning Aptitude - Adult (DTLA- A), Wechsler Memory Scale - III (WIVIS-111), and the Woodcock Johnson Psycho-educational Battery - III: Tests of Cognitive Ability. It is helpful to show how any testing weaknesses in these areas impact the person's learning and real-world functioning in other major life activities.

- **Other assessment procedures** such as inspection of historical medical, psychiatric, academic, or vocational records, use of Rating Scales, input from collateral informants who know the person well (e.g., parents, teachers, tutors, coaches) or clinical observations of behavior and mental status may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized measures and informal assessment procedures may be helpful, especially if they serve to illuminate legitimate real-world functional impairment in one or more major life activities.
5. **Actual test scores must be provided (standard scores where available).** Evaluators should use the most recent form of tests and should identify the specific test form as well as the norms used to compute the scores. It is helpful to list all test data in a score summary sheet appended to the evaluation.
  6. **Records of academic history must be provided.** Because learning disabilities most commonly have an onset during childhood, early school records, report cards, or other evidence of developmentally deviant learning problems should be provided whenever possible. Examples include kindergarten records, elementary, junior high, and high school report cards, written teacher comments, documentation from past tutors or learning specialists, past psycho-educational testing reports, 504 Plans, Individualized Education Plans (IEPs), college and law school transcripts, and the like. Since self-reporting alone, without any accompanying historical documents that validate developmentally deviant learning problems, is generally not sufficient to establish a learning disability, these sorts of records are essential to validate impairment and to help determine if the history of functional impairment is of sufficient magnitude to rise to the level of clinical diagnosis and a disability. It is important to demonstrate the history of functional impairment via objective historical records, not just tell us about it.
  7. **Clinicians must build a sufficient case for their diagnostic conclusions and document an attempt to rule out other possible causes for the learning problems.** The evaluation should provide a sound rationale to support the learning disability diagnosis, show how the deficits currently impair the individual's ability to learn, and show how they impair the person in standardized testing situations. Again, no single test or subtest is a sufficient basis for a learning disability diagnosis. The differential diagnosis must demonstrate that:
    - Significant difficulties started early and have persisted in the acquisition and use of listening, speaking, reading, writing or reasoning skills;
    - The problems being experienced are not primarily due to lack of other factors such as insufficient cognitive ability, lack of exposure to the behaviors/skills needed for academic learning or success in law school, or to an inappropriate match between the individual's ability and the instructional demands of the law school environment or the bar exam.
  8. **A clinical summary must be provided.** A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the evaluator's report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential that the evaluator build a case for the diagnosis by integrating all of the assessment information gathered in a well-developed clinical summary. The following elements should be included in the clinical summary:
    - Demonstration of the evaluator's having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems, substance abuse, or cultural or language differences;

- Indication of how patterns in cognitive ability, achievement and information processing (both in test scores and in real-world functioning) are used to determine the presence of a learning disability;
  - A description of what historical records were inspected and how they demonstrate a history of impairment that would support a learning disability diagnosis;
  - A specific description of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of taking the Vermont bar examination; and
  - Indication as to why specific accommodations are needed and how the accommodations will ease the impact of the disability in the testing (bar exam) situation.
9. **Each accommodation recommended by the evaluator must include a rationale.** The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Accommodation requests are not granted on the basis of a diagnostic label; they should be tied to the history of functional impairment.
10. **The documentation should include any record of prior accommodations or auxiliary aids,** including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of receiving accommodations in other academic/testing environments is not a guarantee one will receive accommodations on the Vermont bar exam. Applicants must provide sufficient documentation to substantiate they have a current need for accommodations. If no prior accommodations have been provided, the evaluator must include a detailed explanation as to why no accommodations were used or necessary in the past and why accommodations are needed at this time.

### **Guidelines for Documenting Attention Deficit Disorder (With or Without Hyperactivity) (ADD/ADHD)**

In addition to Form C, applicants submitting a request for an accommodation based on Attention Deficit Disorder, with or without hyperactivity (ADD/ADHD), must file Form C-ADD/ADHD documenting additional information related to the disability, including a comprehensive evaluation report.

The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) are used as the basic guidelines for determination of an Attention Deficit Hyperactivity Disorder diagnosis. An applicant warranting an ADD/ADHD diagnosis must meet basic DSM-IV criteria including the following:

Demonstrating that he or she exhibits a sufficient number of symptoms (listed in DSM-IV) of Inattention and/or Hyperactivity/impulsivity that have been persistent and maladaptive. The exact symptoms should be specified and described in detail and it should be shown how the patient meets criteria for long-standing history, impairment, and pervasiveness.

Since ADD/ADHD is by definition a childhood onset disorder, the documentation must also provide evidence to support a childhood onset of symptoms and associated impairment. Self-report is generally insufficient to substantiate a childhood onset of symptoms/impairment. It is always helpful to provide historical records that validate self-reported impairment such as kindergarten, elementary, middle school, and high school report cards, Individualized Education Plans, 504 Plans, early psycho-educational testing reports, teacher comments, documentation from tutors or learning specialists, disciplinary records, and the like.

- Providing objective evidence demonstrating that current impairment from the symptoms is present in two or more settings. Since ADD/ADHD tends to affect people over time and across situations in multiple life domains, it is necessary to show that the impairment is not confined to only the academic setting or to only one circumscribed area of functioning.
- A determination that the symptoms of ADD/ADHD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders, substance abuse, low cognitive ability etc.) or situational stressor (such as divorce, grief reaction, family or financial crisis, etc.).
- Indicating the specific ADD/ADHD diagnostic subtype; Predominantly Inattentive Type, Hyperactive impulsive Type, Combined Type, or Not Otherwise Specified -

The comprehensive evaluation report should include the following:

1. **A qualified diagnostician must conduct the evaluation.** Professionals conducting assessments and rendering diagnoses of ADD/ADHD must be qualified to do so. Comprehensive doctoral-level training in the differential diagnosis of ADD/ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults with ADD/ADHD is necessary. Diagnosticians should include a brief biographical sketch explaining that they possess the necessary training, experience, and credentials for diagnosing ADD/ADHD in adults. The evaluator's name, title and professional credentials should be clearly stated in the documentation.
2. **Testing/assessment must be current.** The determination of whether an individual is significantly limited in functioning is based on assessment of the current impact of the impairment (see General Guidelines).
3. Because developmental disabilities such as ADD/ADHD are usually evident early in life (though not always diagnosed), **historical information regarding the individual's academic and behavioral functioning in elementary and secondary education should be provided.** The applicant must also provide transcripts from both undergraduate and law school. Self-report alone, without any accompanying historical documents that validate developmentally deviant ADD/ADHD symptoms and impairment, is not sufficient to substantiate an ADD/ADHD diagnosis.
4. **The documentation should build a case for and provide objective evidence for the ADD/ADHD diagnosis.** An ADD/ADHD evaluation is primarily based on an in-depth history reflecting a chronic and pervasive history of ADD/ADHD symptoms and associated impairment 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, behavioral, social, vocational, medical, developmental, and psychiatric history, There should be an emphasis on how the ADD/ADHD symptoms have manifested across various settings over time, how the applicant has coped with the problems, and what success the applicant has had in their coping efforts. Any past or current treatments for ADDIADHD and the impact of those treatments should be discussed (including medications, accommodations, tutoring, classroom modifications, counseling etc. Providing narrative documentation from collateral informants who know the applicant well (such as parents, spouses, siblings, teachers, professors, supervisors, tutors, coaches, etc.) can also help to illuminate and establish a credible history of significant functional impairment relating to ADD/ADHD-
5. **Test scores alone are not sufficient to establish an ADDIADHD diagnosis.** Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale-III (WAIS-111), memory function tests, attention or mental tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADD/ADHD. They may, however, be useful as additional evidence of attentional problems that support the history of the applicant's functional impairment. A neuropsychological or psycho-educational assessment can be helpful in identifying the

individual's pattern of strengths and weaknesses and whether there are patterns supportive of attention problems. However, a comprehensive testing battery alone, without illuminating a pattern of real-world functional impairment, will not be sufficient to establish an ADD/ADHD diagnosis or a disability. Checklists and/or ADD/ADHD Symptom rating scales can be a helpful supplement in the diagnostic process, but by themselves are not adequate to establish a diagnosis of ADD/ADHD. When testing is used, standard scores must be provided for all normed measures.

6. **Documentation must include a specific diagnosis.** The report must include a specific subtype diagnosis of ADD/ADHD based on the DSM-IV diagnostic criteria. Evaluators should be particularly careful regarding individuals diagnosed with ADD/ADHD, predominantly inattentive type, since this is often confused with symptoms of poor organization, test anxiety, or memory/concentration difficulties that are evident only on a situational basis. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself neither supports nor negates the ADD/ADHD diagnosis or the need for accommodation.
7. **Each accommodation recommended by the evaluator must include a rationale.** The evaluator must describe the impact the ADD/ADHD has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations that flow logically from the history of functional impairment. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated to specific identified functional limitations. Accommodations are not granted on the basis of a diagnostic label. Instead, accommodation requests need to be tied to a history of functional impairment that supports their use.
8. **The documentation should include any record of prior accommodations or auxiliary aids,** including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of receiving accommodations in other academic/testing environments is not a guarantee one will receive accommodations on the Vermont bar exam. Applicants must provide sufficient documentation to substantiate they have a current need for accommodations. If no prior accommodations have been provided, the evaluator must include a detailed explanation as to why no accommodations were used or necessary in the past and why accommodations are needed at this time.

# FORM A

## APPLICATION FOR TESTING ACCOMMODATIONS

**(Please Type or Print Legibly)**

Applicant's Name:		
Applicant's Date of Birth:		
Address:		
Telephone Number:		Exam Date:

**Nature of the Disability (check all that apply):**

<input type="checkbox"/> Blind or visually impaired	<input type="checkbox"/> Specific learning disability
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> ADD or ADHD
<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Other disability

What disability do you have?

Please include a personal statement that includes a detailed narrative description of the nature and extent of your disability and its impact on your daily life, including the major life activities that are substantially affected. You may use the form attached (page A-6) or a separate piece of paper.

Describe the functional limitations related to your disability that directly affect your ability to take the examination.

When did you first acquire the disability (approximate date and age)?

When was the disability first diagnosed by a treating professional (date and age)?

By whom (name, address and degree)?

What treatment is currently prescribed?

**Past Accommodations:**

<p>Did you use disabled-student services, tutoring services or receive special test accommodations while you were in <b>elementary and/or middle school</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private room <input type="checkbox"/> Additional time <input type="checkbox"/> Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in <b>high school</b>?</p> <p>if yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private room <input type="checkbox"/> Additional time <input type="checkbox"/> Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in <b>college</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private room <input type="checkbox"/> Additional time <input type="checkbox"/> Other</p>
<p>Were you granted testing accommodations in <b>law school</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private room <input type="checkbox"/> Additional time <input type="checkbox"/> Other</p>
<p>Were you granted testing accommodations for taking the <b>LSAT examination</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private room <input type="checkbox"/> Additional time <input type="checkbox"/> Other</p>
<p>Were you granted testing accommodations for taking the <b>MPRE examination</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Private room <input type="checkbox"/> Additional time <input type="checkbox"/> Other</p>

<p>Have you ever applied to take, or taken, a bar examination for which you did not request accommodations?</p> <p>If yes, indicate the jurisdiction(s) and date(s) of the examination.</p>	<p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p>
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<p>Have you previously requested testing accommodations for any other bar exam?</p> <p>If yes, and the request was granted, please describe the condition or diagnosis for which accommodations were granted, the jurisdiction that granted the accommodations, and the type of accommodations received:</p>	<p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p> <p><input type="checkbox"/> Private room  <input type="checkbox"/> Additional time  <input type="checkbox"/> Other</p>
<p>If yes, and the request was denied, indicate the jurisdiction, explain the reason for the denial and attach the denial letter(s).</p>	

**If you answered "yes" to any of the above questions, please attach any records or other documentation concerning the diagnosis, the services provided, and/or the accommodations that were granted and/or denied.**

**Requested accommodations (check all that are being requested):**

Communications and Alternative Formats			Personal Assistance		
	MBE	Essay		MBE	Essay
Braille version of exam			Typist		
Magnifying glass			Reader		
Audio cassette version of exam			Assistance with computer		
Large-print exam materials			Other (specify)		

<p>If requesting special equipment or personal items in the test room (e.g., medications, special chair, special lighting), please describe:</p>
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**PLEASE NOTE that you may be required to provide your own auxiliary aids if the accommodation request is approved.**

**Additional test time requested (if any):**

Explain why you need additional time and specify the extra time requested for each session.

<b>MBE Portion</b>	<b>Extra time requested</b>	<b>Essay Portion</b>	<b>Extra time requested</b>
AM session (3 hours)		AM session (3 hours)	
PM session (3 hours)		PM session (4 hours)	

**Limited testing time:**

If you are seeking to limit the length of the test day, specify your time limitations for each test day and reasons for limitations.

Other accommodations requested (please be specific):

**Applicant's Signature**

I hereby certify that all of the information furnished by me in connection with my application for accommodations is true and correct to the best of my knowledge and belief. I understand that if any of my answers are false or information is willfully omitted, I may prejudice my admission to the Vermont bar or my subsequent good standing as a member of the bar, and that I may be subjected to such other penalties as may be provided by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of individual signing on behalf of applicant

\_\_\_\_\_  
Date

NOTE: This accommodation request must be supported by medical documentation provided by a qualified professional, as outlined in the Guidelines for Documenting Disabilities. The qualified professional must complete Form C (and Form C-LD or Form C-ADD/ADHD as appropriate).

STATE OF \_\_\_\_\_ )

ss:

COUNTY OF \_\_\_\_\_ )

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_ 20 \_\_

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

# VERMONT BOARD OF BAR EXAMINERS

## APPLICATION FOR TESTING ACCOMMODATIONS: PERSONAL STATEMENT

*Please provide a detailed narrative description of the nature and extent of your disability and its impact on your daily life, including the major life activities that are substantially affected.*

# VERMONT BOARD OF BAR EXAMINERS

## APPLICATION FOR TESTING ACCOMMODATIONS: AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, in connection with my application for test accommodations on the bar examination, authorize the Vermont Board of Bar Examiners to provide, at its discretion, a copy of any and all documentation that I submit in connection with this application to such persons and/or consultants as the Board may deem necessary to adequately evaluate my application for test accommodations. If requested by the Board, I further agree to submit to diagnostic testing by a physician, psychologist or other professional authority chosen by the Board.

If further information regarding the documentation that I have provided is needed, I authorize the Board to contact the professional(s) who diagnosed and/or treated my disability and/or those entities that have provided me test accommodations in the past. I further authorize such professional(s) or entities to communicate with the Board in this regard to provide such clarification and/or further information and documentation.

I hereby release, discharge, and exonerate the Vermont Board of Bar Examiners, its agents, and representatives and/or any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing, inspection, receipt and/or use of such documents, records, and other information, or the investigation made by or on behalf of the Board.

STATE OF \_\_\_\_\_ )

ss:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

# FORM B

## TESTING ACCOMMODATIONS

### STATEMENT OF LAW SCHOOL OFFICIAL

(Please Type or Print Legibly)

<b>Applicant Name:</b>	
<b>Law School:</b>	

While attending law school this applicant:

- did not request accommodations relating to a disability.
- requested accommodations for a disability of \_\_\_\_\_, but was not granted accommodations for the reasons listed on the attached sheet.
- requested accommodations for a disability of \_\_\_\_\_, and was granted accommodations as described on the attached sheet. (You **must** include a detailed description of the accommodations granted, including a list of classes and the method(s) of examination.)

I certify that the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Telephone number

# FORM C

## TESTING ACCOMMODATIONS

### DISABILITY DOCUMENTATION FOR ALL APPLICANTS REQUESTING ACCOMMODATIONS

The Vermont Board of Bar Examiners requires current disability documentation (generally within the last two years). A licensed physician or other professional in the field related to the applicant's disability must complete this form.

For further information, please refer to the Board's Guidelines for *Documenting Disabilities*.

**(Please Type or Print Legibly)**

**Physician or Licensed Professional:**

Name:	
Occupation, Title & Specialty:	
License/Certification Number:	
Address:	
Telephone Number:	
Re: Applicant Name:	

Please describe the credentials that qualify you to diagnose and/or verify the applicant's disability and to recommend an accommodation.

What is the specific diagnosis of the condition or impairment that requires testing accommodations?

Briefly describe the nature of the impairment and describe how the impairment affects the applicant in a test situation.

Current treatment consists of (attach copies of charts and note as applicable):

Last date of treatment/date of consultation with applicant:

Length of treatment with applicant:

Is this a permanent condition?

Yes  No

If no, when is the condition/disability likely to abate?

In what way(s) does the condition/disability prevent the applicant from taking the examination under standard testing conditions?

Is the applicant following the prescribed course of treatment?

Yes  No

In what way does the prescribed course of treatment improve the applicant's ability to read, write and/or concentrate for extended periods of time?

Given the applicant's condition/disability and your diagnosis/prognosis, what testing accommodations do You recommend? (Check all that apply)

	Communications and Alternative		Personal Assistance		
	MBE	Essay		MBE	Essay
Braille version of exam	<input type="checkbox"/>	<input type="checkbox"/>	Typist	<input type="checkbox"/>	<input type="checkbox"/>
Magnifying glass	<input type="checkbox"/>	<input type="checkbox"/>	Reader	<input type="checkbox"/>	<input type="checkbox"/>
Audio cassette version of exam	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Large-print exam materials	<input type="checkbox"/>	<input type="checkbox"/>			

If you are recommending that the applicant bring special equipment or personal items into test room (e.g., medications, special chair, special lighting), please describe:

**Additional Test Time Required**

If you are recommending that the applicant have additional time for one or more portions of the examination, explain why it is needed and how it will mitigate the impact of the applicant's disability on the examination process without fundamentally altering the nature of the examination.

<b>MBE Portion</b>	<b>Extra time requested</b>	<b>Essay Portion</b>	<b>Extra time requested</b>
AM session (3 hours)		AM session (3 hours)	
PM session (3 hours)		PM session (4 hours)	

**Limited Testing Time**

If you are recommending that the applicant limit the length of his/her test day, specify the requested time limitations for each test day and indicate why time limitations are required.

Other accommodations requested. Please be specific.

In what way will the recommended accommodations mitigate the impact of the disability on test-taking?

Please submit any reports, chart notes or any other written documentation that supports or explains this diagnosis of disability and/or recommendation for accommodations.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Licensed Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the Vermont Board of Bar Examiners to assist in determining reasonable testing accommodations.

9/08

# FORM C-LD

## TESTING ACCOMMODATIONS

### SUPPLEMENTAL DOCUMENTATION FOR APPLICANTS REQUESTING ACCOMMODATIONS FOR LEARNING DISABILITIES

The Vermont Board of Bar Examiners requires that an applicant who is requesting accommodations on the basis of a learning disability must submit a comprehensive evaluation report that includes data from both cognitive and achievement measures. Test results should:

1. have been administered within the last two years;
2. identify normative academic skills deficit(s);
3. identify normative information processing deficit(s); and
4. certify that the applicant's intellectual ability is within the normal range of functioning or higher.

For a more detailed overview of the documentation requirements relating to learning disabilities, please refer to the Board's Guidelines for Documenting Disabilities.

**(Please Type or Print *Legibly*)**

<b>Applicant Name;</b>	
<b>Name of Evaluator:</b>	

Nature and extent of impairment:

--

Summary of diagnosis:

--

### BACKGROUND INFORMATION

How does the applicant's disability currently present itself?

--

What is the academic and developmental history of the disability? (Attach any relevant documents; e.g., assessment summaries, IEPs from earlier records, grade transcripts, etc.)

List relevant family history.

What remediation has been attempted and what were the results?

Were other diagnoses or conditions ruled out as the primary cause of academic skills deficits (e.g., anxiety, psychological disturbance, etc.)?

What fundamental limits does the disability impose (e.g., occupationally, socially, psychologically)?

Indicate below which specific tests were used in the psycho-educational assessment. **Please attach copies of the reports with this document.**

**Tests of Cognitive Ability and Processes, such as:**

- \_\_\_\_\_ Wechsler Adult Intelligence Scale-Third Edition (WAIS-111)
- \_\_\_\_\_ Wechsler Memory Scale-Third Edition (WMS-111)
- \_\_\_\_\_ Woodcock-Johnson Tests of Cognitive Ability (WJ III COG)
- \_\_\_\_\_ Kaufman Adolescent and Adult Intelligence Test (KAIT)
- \_\_\_\_\_ Other tests, please specify: \_\_\_\_\_

**Tests of Achievement, such as:**

- \_\_\_\_\_ Woodcock-Johnson Tests of Achievement III (WJ III ACH)
- \_\_\_\_\_ Woodcock Diagnostic Reading Battery (WDRB)
- \_\_\_\_\_ Woodcock Reading Mastery Tests-Revised/Normative Update (WRMT-R/NU)
- \_\_\_\_\_ Other tests, please specify: \_\_\_\_\_

How will the impact of this condition on test-taking be mitigated by the recommended test accommodation?

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Licensed Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the Vermont Board of Bar Examiners to assist in determining reasonable testing accommodations.

9/08

# FORM C-ADD/ADHD

## TESTING ACCOMMODATIONS

### SUPPLEMENTAL DOCUMENTATION FOR APPLICANTS REQUESTING ACCOMMODATIONS FOR ATTENTION DEFICIT DISORDERS

The Vermont Board of Bar Examiners requires that an applicant who is requesting accommodations on the basis of Attention Deficit Disorder without hyperactivity (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) must submit a comprehensive evaluation report that addresses all of the points specifically inquired about in the summary questions below. The evaluation should:

1. have been completed or updated within the past two years;
2. follow full, standard DSM-IV diagnostic criteria for ADD/ADHD determination; and
3. provide objective evidence establishing developmental history, current symptoms and evidence of impairment.

For a more detailed overview of the documentation requirements relating to ADD/ADHD, please refer to the Board's Guidelines for Documenting *Disabilities*.

(Please Type or Print *Legibly*)

Applicant Name:	
Name of Evaluator:	

- Summary of diagnosis:**
- ADD/ADHD predominantly inattentive type
  - ADD/ADHD hyperactive/impulsive type
  - ADD/ADHD combined type

#### BACKGROUND

What are the predominant current symptoms of ADD/ADHD that cause academic impairment?

How does ADD/ADHD cause current impairment in other settings?

Does the applicant have a developmental history of ADD/ADHD? How was this determined?

What external validation (record review, interviews) supports self-report of **ADD/ADHD** symptoms and impairment determination?

Does the applicant suffer from other conditions that impact ADD/ADHD symptoms?

What other conditions were ruled out as alternative explanations for applicant's academic difficulty?

Was psychological/neuropsychological testing performed? If so, how did results support described impairment? If not done, why was it not considered necessary?

Is the applicant being treated with medication for this condition? If so, what are the beneficial effects of treatment? If not being treated, how was this decision made?

Have applicant's transcripts, previous achievement test scores been reviewed? If so, describe how these documents support applicant's test-taking disability.

Have any records been reviewed that provide evidence that recommended accommodations mitigate the impact of ADD/ADHD symptoms on test-taking? If so, describe.

*Please attach copies of all supporting documentation with the comprehensive evaluation report.*

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Licensed Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the Vermont Board of Bar Examiners to assist in determining reasonable testing accommodations.