IDAHO STATE BAR

FORM 2: Learning Disability Verification

Notice to applicant: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the bar examination for you on the basis of a learning disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Date of birth: _____ SSN (last 4): xxx-xx-_____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Idaho State Bar (ISB) or consultant(s) of the ISB.

_____ _____

Signature of applicant Date

Notice to qualified professional:

The above-named person is requesting accommodations on the Idaho State Bar Examination. All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a learning disability. The ISB also requires the qualified professional to complete this form. **If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.** Please attach a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Idaho State Bar Examination. We appreciate your assistance.

The ISB may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below. Return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission to the ISB.

I. Evaluator/Treating Professional Information:

Name of professional completing this form: _____

Address: _____

City: _____State: _____Zip: _____

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.

_____

_____

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_____

II. Diagnosis and current functional limitations:

1. Provide the date the applicant was first diagnosed with a learning disability. _____

2. Did you make the initial diagnosis? ☐ Yes ☐ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

_____

_____

3. When did you first meet with the applicant? _____

4. Provide the date of your last complete evaluation of the applicant. _____

5. Provide a concise description of your diagnosis. Please include the specific DSM diagnosis (using the current edition of the DSM), including the applicable diagnostic code, if available:

_____

_____

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities.

_____

_____

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

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

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Attach a comprehensive evaluation report. An applicant's specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a learning disability normally is lifelong, the severity and manifestations can change. The ISB generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. **Attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Idaho State Bar Examination.** The evaluation report should include the following:

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

III. Formal testing:
It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability
   - Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores);
   - Woodcock-Johnson Tests of Cognitive Abilities (most current edition);
   - Stanford-Binet Intelligence Scale (4th ed.); and
   - Kaufman Adolescent and Adult Intelligence Test.

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

2. Achievement
   - Woodcock-Johnson III (WJ III): Tests of Achievement;
   - Wechsler Individual Achievement Test (WIAT); and
   - Scholastic Abilities Test for Adults (SATA).

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

3. Information Processing
   - Wechsler Memory Scale (most current edition);
   - Swanson Cognitive Process Test (S-CPT);

- Test of Adolescent/Adult Wordfinding (TAWF); and
- Information from subtest, index, and/or cluster scores on the WAIS III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A), as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

IV. Accommodations Recommended for the Idaho State Bar Examination:
The Idaho State Bar Examination is a timed computer based examination administered in three separate three-hour sessions over a day and a half as scheduled twice each year. There is a lunch break on the first day between Sessions 1 and 2.

Applicants are assigned seats, approximately two per eight-foot table, in a room set for 60 to 200 applicants. They are not allowed to bring food, or other items into the testing room unless approved as accommodations. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs provided by the ISB. Applicants are allowed to bring in water as long as it's in a transparent water bottle without labels, and applicants may leave the room only to use the restroom within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend? Check all that apply:

Accommodations may include modifications to the testing environment, approved personal or medical items, assistive technology, reader or scribe assistance, modified seating arrangements, off-the-clock breaks, or other measures supported by the applicant's documented functional limitations.

☐ Reduced distraction testing environment
☐ Off-the-clock breaks (e.g., time to stretch, walk, take medications, eat, rest eyes, use bathroom, etc.)
☐ Extra testing time. Indicate below how much extra testing time is requested
**Please note if requesting additional time, the testing schedule may change from 1.5 days to 3 days.*

Test Portion	Standard	Extra Time Requested (in minutes or as %)
Session 1 – Day 1 AM	3 hours	
Session 2 – Day 1 PM	3 hours	
Session 3 – Day 2 AM	3 hours	

☐ Other request(s). Describe in detail.

_____

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_____

Explain your recommendation(s). If applicable, explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended. If either the amount of time or your rationale is different for different portions of the examination, please explain:

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V. Professional's signature:
I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

I certify that the information on this form is true and correct based upon the information in my records.

_____ _____
Signature of person completing this form Date signed

_____ _____
Title Daytime telephone number