



**Idaho State Bar**  
 525 West Jefferson, PO Box 895, Boise, ID 83701  
 Phone: (208) 334-4500 Fax: (208) 334-2764 www.idaho.gov/isb

**REASONABLE TESTING ACCOMMODATIONS**  
**Attention Deficit-Hyperactivity Disorder Verification**

*Form D and accompanying documentation must be submitted with a completed Form A to the Idaho State Bar.*

**This form must be completed by a licensed Psychologist or Neuropsychologist with specialized expertise in the assessment of learning disabilities.**

The Idaho State Bar requires that an applicant with a specific learning disability must have been identified by a psycho-educational assessment process that includes data from both cognitive and achievement measures listed below. The evaluation should specify whether combined type, predominantly inattentive type, or predominantly hyperactive-impulsive type. Test results should: (1) Have been administered within the last three years; (2) Identify normative academic skills deficits(s); (3) Identify normative information processing deficits(s); (4) Certify that the applicant’s intellectual ability is within the normal range of functioning or higher. The diagnostic report must include copies of the evaluation and a thorough battery of age-appropriate psychological tests and test scores administered within the last three years from the date the application for reasonable testing accommodations is filed. The test scores obtained and the interpretations of these scores must provide evidence of the current impairment and establish a rationale that supports the need for specific accommodations.

<b>Applicant Name:</b> <i>(Please print name)</i>	
<b>Licensed Health Care Professional Name and License Number:</b> <i>(Please print name)</i>	
<b>Title:</b>	
<b>Address:</b>	
<b>Telephone Number</b>	

**Please Include The Following Information In Your Report:**

Please attach a copy of the completed report with this document along with all test scores.

1. List the credential(s) that qualify you to diagnose and/or verify the applicant’s disability and to recommend accommodations.
2. How does the applicant’s disability currently present itself?
3. What is the academic and developmental history of the disability? (Attach any relevant documents; e.g., assessment summaries, Individual Education Plans from earlier records, grade transcripts, etc.)
4. List relevant family history.
5. What remediation has been attempted and what were the results?
6. Were other diagnoses or conditions ruled out as the primary cause of academic skills deficits (e.g., anxiety, psychological disturbance, etc.)?
7. What fundamental limits does the disability impose (e.g., occupationally, socially, and psychologically)?

**TESTING FOR ADHD:**

*The following areas should be assessed for ADHD:*

1. General Intellectual Functioning (e.g., WAIS-III; Woodcock-Johnson III Cognitive)
2. Tests of Achievement (e.g., Woodcock-Johnson III Tests of Achievement; Wechsler Individual Achievement Test; Nelson-Denny Reading Test; Gray Oral Reading Test; WRAT-4)
3. Specific tests designed to assess for ADHD (e.g., continuous performance test)
4. Checklists, including checklist(s) from a collateral source (e.g., Brown ADD Scale)
5. Cognitive Processing (e.g., memory, auditory processing, visual processing, visual-motor integration, reasoning abilities, executive functioning)

**ADDITIONAL OR LIMITED TEST TIME REQUESTED:**

If you are recommending that the applicant be given additional or limited test times, specify the requested times and why they are required.

Examination Sessions	Additional Test Time	Limited Test Time
6 Essay Examination Questions/AM (3 hours)		
2 Performance Test Essay Questions/PM (3 hours)		
Multistate Bar Examination/AM & PM (3 hours each) <i>(100 questions in each three-hour session answered on a computer grid sheet.)</i>		

**Additional Accommodations Requested:**

On a separate sheet, please list what other accommodations should be provided and provide us with a detailed explanation, including how this condition will be ameliorated by your recommended test 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)*

Note: This information will be reviewed by the Reasonable Accommodations Committee and possibly a physician or licensed professional retained by the Idaho State Bar in order to make a recommendation to approve, disapprove or modify this request for accommodations. The Idaho State Bar Board of Commissioners will then make a decision to approve, modify or deny the Reasonable Accommodation Committee’s recommendation.