



**THE STATE BAR OF CALIFORNIA  
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300  
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500**

**FORM D  
TESTING ACCOMMODATIONS – ATTENTION DEFICIT  
HYPERACTIVITY DISORDER VERIFICATION**

All original documents must be filed with the Office of Admissions' San Francisco Office.  
(Must be completed by the applicant; please type or print legibly)

**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 testing accommodations for the California Bar Examination or First-Year Law Students' Examination for you on the basis of Attention Deficit Hyperactivity Disorder. 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: \_\_\_\_\_

File Number: \_\_\_\_\_

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 Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

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

\_\_\_\_\_  
Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations for the California Bar Examination or First-Year Law Students' Examination. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations for the examination on the basis of Attention Deficit Hyperactivity Disorder. The Committee of Bar Examiners 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 evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the examination administered by the Committee of Bar Examiners. Your assistance is appreciated.

The Committee of Bar Examiners 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 the original of this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Committee of Bar Examiners.**

**I. QUALIFICATIONS OF THE PROFESSIONAL\***

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation, title, and specialty: \_\_\_\_\_

License Number/State: \_\_\_\_\_

*\*The following professionals are deemed appropriate and qualified to provide a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD): Clinical Psychologist, Neuropsychologist, Psychiatrist (must be licensed).*

Please describe your specialized training in the assessment, diagnosis and remediation of ADHD with the adult population. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical. If you are not within one of the above three professions, please indicate why you are qualified to render this diagnosis and specifically, what training and experience qualifies you to conduct a differential diagnosis of ADHD.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. Provide the date the applicant was first diagnosed with ADHD: \_\_\_\_\_

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. Describe the applicant's **current** symptoms of ADHD that cause significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.

---

---

---

---

---

---

6. Describe the applicant's symptoms of ADHD that were **present in childhood or early adolescence** (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.

---

---

---

---

---

---

**ATTACH A COMPREHENSIVE EVALUATION REPORT.** The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Committee of Bar Examiners generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) (or most current version) are used as the basic guidelines for determination of an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. The diagnosis depends on objective evidence of ADHD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally insufficient to establish evidence for the diagnosis. **Please 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 California Bar Examination or First-Year Law Students' Examination.** The evaluation report should address all five points below:

A. sufficient numbers of symptoms (delineated in DSM-5) of inattention and/or

hyperactivity-impulsivity that are “maladaptive” and inconsistent with developmental level; the exact symptoms should be described in detail.

- B. objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were first present during childhood or adolescence.
- C. objective evidence indicating that current impairment from the symptoms is observable 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.
- D. a determination that the symptoms of ADHD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).
- E. indication of the specific ADHD combined presentation: predominantly inattentive presentation, predominantly hyperactive/impulsive presentation, other specified attention deficit hyperactive disorder, or unspecified attention deficit hyperactive disorder.

### III. FORMAL TESTING

Psychological testing and self-report checklists cannot be used as the sole indicator of ADHD diagnosis independent of history and interview. However, such findings can augment clinical data. 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 ADHD (inattention, working memory, etc.).

- 1. Is there evidence from empirically validated rating scales completed by more than one source that levels of ADHD symptoms fall in the abnormal range?

YES     NO

If yes, please provide copies.

- 2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by ADHD symptoms?

YES     NO

If yes, briefly describe the findings:

---

---

---

3. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?

YES    NO

If yes, briefly describe the findings:

---

---

---

4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) or test anxiety as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?

YES    NO

If yes, briefly describe the findings:

---

---

---

5. Was testing performed to assess the possibility that a lack of motivation or effort affected test results?

YES    NO

Describe the findings, including the results of symptom validity tests:

---

---

---

#### IV. ADHD TREATMENT

Is the applicant being treated for ADHD?    YES    NO

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the ADHD symptoms. If it is effective, explain why accommodations are necessary.

---

---

---

---

---

---

---

If no, explain why treatment is not being pursued.

---

---

---

---

---

---

**V. ACCOMMODATIONS RECOMMENDED FOR THE CALIFORNIA BAR EXAMINATION OR FIRST-YEAR LAW STUDENTS' EXAMINATION (check all that apply)**

**FORMAT**

The California Bar Examination is a timed examination administered over two days, consisting of a 3-hour morning session (9:00 a.m. to 12:00 noon) and a 3½-hour afternoon session (2:00 p.m. to 5:30 p.m.) on the first day, and two 3-hour sessions (9:00 a.m. to 12:00 noon and 2:00 p.m. to 5:00 p.m.) on the second day. The examination is scheduled twice each year. There is a lunch break from 12:00 noon to 1:30 p.m. each day. The examination is administered in a proctored setting.

The first day consists of three one-hour essay questions in the morning session and two one-hour essay questions plus one 90-minute Performance Test question in the afternoon session. The written portions of the examination are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers. The second day consists of 200 multiple-choice questions (Multistate Bar Examination or "MBE"), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles using a Number 2 pencil on an answer sheet that is scanned by a computer to grade the examination.

The First-Year Law Students' Examination is a one-day timed examination administered in two sessions, a four-hour morning session from 8:00 a.m. to 12:00 noon and a three-hour afternoon session from 2:00 p.m. to 5:00 p.m. The examination is scheduled twice each year. There is a lunch break from 12:00 noon to 1:30 p.m. The examination is administered in a proctored setting.

The morning session consists of four one-hour essay questions. The essay questions are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers. The afternoon session consists of 100 multiple-choice questions. Applicants record their answers by darkening circles using a Number 2 pencil on an answer sheet that is scanned by a computer to grade the examination.

## **SETTING**

Applicants are assigned seats, two per six-foot table, in a room set for as few as 100 to 400 applicants for the First-Year Law Students' Examination to as many as 1,500 applicants for the California Bar Examination. Applicants are not allowed to bring food, beverages, or certain other items into the testing room unless approved as accommodations. All applicants may bring prescription medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They may leave the examination room only to use the restroom or drinking fountain, within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations that you currently experience, what testing accommodation (or accommodations, if more than one would be appropriate) are you requesting?

### **Alternative Formats**

- Audio CD version of the examination
- Electronic versions of the Essay and/or Performance Test questions in Microsoft Word format on CDs for use with screen-reading software
- Other: \_\_\_\_\_

### **Personal Assistance**

- Dictate to a typist (for written sessions)
- Reader
- Assistance with multiple-choice answer sheet (Scantron sheet) (choose one)
  - Permission to circle answers in question booklet
  - Permission to dictate answers to proctor
- Dictate to a voice recorder (choose one)
  - Digital voice recorder (for use with flash memory cards)
  - Tape recorder (for use with microcassette tapes)
- Other: \_\_\_\_\_

### **Equipment or Facility Requirements**

- Computer as an accommodation (must have direct nexus to the effects of the disability)

- with SofTest installed
- with voice-recognition software (e.g., Dragon Naturally Speaking) installed
- with screen-reading software (e.g., JAWS) installed
- with other (specify): \_\_\_\_\_
- Special equipment (specify): \_\_\_\_\_
- Private room
- Semi-private room
- Wheelchair accessibility (if table, specify height): \_\_\_\_\_
- Other: \_\_\_\_\_

Please provide a rationale for each request indicated above (attach additional sheets if necessary):

---



---



---



---



---

**Accommodation of Extra Time**

Specify the amount of **extra time** requested for each session of the examination. Indicate why the specified extra time is needed (based on the diagnostic evaluation), provide the rationale for requesting the amount of time for each test format of the examination, and explain how you arrived at the specific amount of extra time requested. If either the amount of time or your rationale is different for different portions of the examination, please explain. **All requests for extra time must specify the exact amount of extra time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If extra testing time is requested, but the specific amount of extra time is not indicated, the petition will be returned as incomplete.**

**California Bar Examination: Essay Questions 1, 2 & 3 (standard session is 3 hours):** Specify the amount of extra test time needed for this session and provide the rationale:

---



---



---

**California Bar Examination: Essay Questions 4 & 5, and Performance Test (standard session is 3 hours and 30 minutes):** Specify the amount of extra test time needed for this session and provide the rationale:

---

---

---

**California Bar Examination: Multistate Bar Examination - MBE (each standard session is 3 hours):** Specify the amount of extra test time needed for each MBE session and provide the rationale:

---

---

---

**First-Year Law Students' Examination: Essay Questions 1, 2, 3 & 4 (standard session is 4 hours):** Specify the amount of extra test time needed for this session and provide the rationale:

---

---

---

**First-Year Law Students' Examination: Multiple-Choice (standard session is 3 hours):** Specify the amount of extra test time needed for this session and provide the rationale:

---

---

---

**Explanations:** (attach additional sheets if necessary)

---

---

---

---

---

---

---

---

---

---

## **VI. PRIOR HISTORY AND PAST ACCOMMODATIONS**

Please describe any previously documented history of ADHD and/or specific learning disorders/disabilities and list accommodations that have been granted to the applicant in the past:

---

---

---

---

---

---

---

---

---

---

**VII. CONFIDENTIALITY**

Confidentiality policies of the Committee of Bar Examiners/Office of Admissions of the State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form and any documents submitted with it. No part of the form or the accompanying diagnostic report will be released without the applicant’s written consent or under the compulsion of legal process.

**VIII. CLINICIAN/LICENSED PROFESSIONAL’S SIGNATURE**

I am submitting the **original** of this form and have attached copies of the comprehensive evaluation report and all records and test results that I relied upon in making this diagnosis of the applicant’s condition/disability (notes and worksheets are not required as part of this submission) and completing this form. I understand that all original documents submitted become the property of the Committee of Bar Examiners.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

---

*(Signature of Licensed Professional)*

---

*(Date)*

The Committee of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by an individual professional consultant or a panel of professional consultants if deemed necessary.