



**THE STATE BAR OF CALIFORNIA  
CALIFORNIA BOARD OF LEGAL SPECIALIZATION/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 E  
TESTING ACCOMMODATIONS – PSYCHOLOGICAL DISABILITIES  
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 Legal Specialist Examination for you on the basis of a psychological 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: \_\_\_\_\_

Bar 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 California Board of Legal Specialization or consultant(s) of the California Board of Legal Specialization.

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

\_\_\_\_\_  
Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations for the Legal Specialist 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 a psychological disability. The California Board of Legal Specialization 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 California Board of Legal Specialization. Your

assistance is appreciated.

The California Board of Legal Specialization 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 California Board of Legal Specialization.**

## 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 psychological disabilities: Psychiatrist, Psychologist or other licensed mental health professional.*

Please describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations:

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

## II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Date of last evaluation/assessment of the applicant: \_\_\_\_\_

2. What is the applicant's specific diagnosis based on the DSM-5 (or most current version)? Please include diagnostic codes where applicable. If diagnosis is not definitive, please list differential diagnoses.

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3. Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology.

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4. Describe the applicant's **current** functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the Legal Specialist Examination under standard conditions. Note: Psychoeducational, neuropsychological or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

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5. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the Legal Specialist Examination.

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**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. Due to the changing nature of psychiatric disabilities, it is essential that the applicant provide recent and appropriate medical documentation. An applicant's psychological disability must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. **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 Legal Specialist Examination.**

The evaluation report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination

- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or “rule out” diagnoses prognosis

### **III. ACCOMMODATIONS RECOMMENDED FOR THE LEGAL SPECIALIST EXAMINATION (check all that apply)**

#### **FORMAT**

The Legal Specialist Examination is a timed written examination administered in two sessions. The first session begins at 7:30 a.m. and consists of a 4-hour testing session, plus time for announcements. Next, there is a lunch break of approximately 90 minutes from approximately noon to 1:30 p.m. The second session takes place after the lunch period and consists of a 2½-hour testing period plus time for announcements.

The morning session consists of eight essays. 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 afternoon session consists of 75 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 100 to 600 applicants. Applicants are not allowed to bring food, beverages, or other items into the testing room unless approved as an accommodation. All applicants may bring 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 currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?

**Alternative Formats**

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

**Personal Assistance**

- Dictate to a typist (for written session)
- 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):

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**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.**

**Legal Specialist Examination: Essay Questions 1, 2, 3, 4, 5, 6, 7 & 8 (standard session is 4 hours):** Specify the amount of extra test time needed for this session and provide the rationale:

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**Legal Specialist Examination: Multiple-Choice Questions 1-75 (standard session is 2 hours and 30 minutes):** Specify the amount of extra test time needed for this session and provide the rationale:

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

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**IV. PRIOR HISTORY AND PAST ACCOMMODATIONS**

Please describe any previously documented history of psychological disabilities and list accommodations that have been granted to the applicant in the past:

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\_\_\_\_\_

**V. CONFIDENTIALITY**

Confidentiality policies of the California Board of Legal Specialization/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.

**VI. 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 California Board of Legal Specialization.

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 California Board of Legal Specialization 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.