

MASSACHUSETTS BOARD OF BAR EXAMINERS

**FORM 3: ATTENTION DEFICIT/HYPERACTIVITY DISORDER  
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 Massachusetts Bar Examination for you on the basis of AD/HD. 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: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

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 Massachusetts Board of Bar Examiners or consultant(s) of the Massachusetts Board of Bar Examiners.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Massachusetts 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 AD/HD. The Board 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Massachusetts Bar Examination. We appreciate your assistance.

The Board 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 this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission to the Board.**

**I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

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

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

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. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. Provide the date the applicant was first diagnosed with AD/HD. \_\_\_\_\_

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 available records related to the initial diagnosis that you reviewed.

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\_\_\_\_\_

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 AD/HD that cause significant impairment across multiple settings and that have been present for at least six months. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.

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6. Describe the applicant’s symptoms of AD/HD 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.

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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. The Board of Bar Examiners generally requires documentation from an evaluation conducted **within the last three 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 (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD 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 provide a comprehensive evaluation report that addresses all five points below.

- A. Sufficient numbers of symptoms (delineated in DSM-5) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is “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 present during childhood.

- 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. Explain how the impairment restricts access to the bar exam and justifies the specific accommodation requests.
- D. A determination that the symptoms of AD/HD 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 AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

**III. FORMAL TESTING**

Psychological testing and self-report checklists cannot be used as the sole indicator of AD/HD 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 AD/HD (inattention, working memory, etc.).

- 1. Is there evidence from empirically validated rating scales completed by more than one source that levels of AD/HD 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 AD/HD symptoms?  Yes  No

If yes, briefly describe the findings.

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- 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.

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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.

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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.

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#### IV. AD/HD TREATMENT

Is the applicant currently being treated for AD/HD?  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 AD/HD symptoms. If it is effective, explain why accommodations are necessary.

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If no, explain why treatment is not being pursued.

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**V. ACCOMMODATIONS RECOMMENDED FOR THE MASSACHUSETTS BAR EXAMINATION (CHECK ALL THAT APPLY)**

The Massachusetts Bar Examination is a timed written examination administered in three-hour sessions from 9:30 a.m. to 12:30 p.m. and from 2:00 p.m. to 5:00 p.m. on Wednesday and Thursday as scheduled twice each year. There is a lunch break each day.

The first day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

The second day consists of five essay questions in the morning session and five essay questions in the afternoon session. 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.

Applicants are assigned seats, two per six-foot table, in a room set for 200 to 1500 applicants. They are not allowed to bring food, beverages other than water, 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. They may leave the room only to use the restroom or drinking fountain, within the time allotted

**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?**

Test question formats:

- Braille
- Audio Version
- Microsoft Word document on data CD for use with screen-reading software (for essay sessions)
- Large print/**18-point font**
- Large print/**24-point font**

Assistance:

- Reader
- Typist/Transcriber for essay portion
- Scribe for MBE

Explain your recommendation(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extra testing time. Indicate below how much extra testing time is recommended:

Test Portion	Standard Time	Extra Time Recommended per 3 hour session (i.e. 30 extra minutes, one extra hour (60), time and a half (90) )
MBE/Multiple-Choice	3 hours AM	<input type="checkbox"/> 30 <input type="checkbox"/> 60
	3 hours PM	<input type="checkbox"/> 90 <input type="checkbox"/> Other (specify) _____
Essay	3 hours AM	<input type="checkbox"/> 30 <input type="checkbox"/> 60
	3 hours PM	<input type="checkbox"/> 90 <input type="checkbox"/> Other (specify) _____

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. If relevant, address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Other arrangements (e.g. lamp, lumbar support, magnifying items, medication, etc.).

Describe the recommended arrangements and explain why each is necessary.

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**VI. 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