MASSACHUSETTS BOARD OF BAR EXAMINERS
FORM 2: MENTAL DISABILITY VERIFICATION

Applications for testing accommodations on the basis of a mental disability (including learning disabilities, AD/HD, and psychiatric disabilities) must include this form, completed by the qualified medical professional(s) involved with the treatment of this disability, and must be accompanied by a comprehensive 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 mental disability. If multiple diagnoses are given, the evaluator must demonstrate they are qualified to make all diagnoses.

Comprehensive Report: The report must include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. **Information collected by the qualified professional must consist of more than self-report**.

Evaluations for Learning Disabilities or AD/HD should include:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history
- A specific diagnostic statement, including the DSM diagnostic code, and (if applicable) a sufficient number of symptoms (delineated in DSM) in childhood and 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.
- Objective evidence of current impairment.
- A determination that the symptoms are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder, psychosis, substance abuse, low cognitive ability, etc.).
- A rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

Evaluations for Psychiatric Disabilities should include:

- 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
- Objective evidence of how the psychological disability impairs the applicant's functioning on the bar exam and restricts access.

Formal Testing: A neuropsychological or psycho-educational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. **Checklists and/or surveys can serve to supplement the diagnostic profile, but by themselves may not be adequate for the diagnosis of a disability**, and do not substitute for clinical observations, evidence from history, an analysis of current functioning, and sound diagnostic judgment. When testing is used, age-based standard scores must be provided for all normed measures. In addition, effort should be tested to address the issue of malingering.

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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 a mental 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: _____

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 a mental disability.** The Board of Bar Examiners also requires a qualified professional to complete this form – the qualified professional who completes this form does not have to be the same professional who completed the evaluation. 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.

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

Type or legibly print 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 of Bar Examiners.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

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. _____

_____

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. Provide a concise description of the applicant's condition requiring accommodations.

2. Provide the date the applicant was first diagnosed and the date/age of onset (if different).

_____

3. 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.

_____

4. Provide the date(s) or date range of your treatment/evaluation of the applicant: _____

_____

5. Provide the date of your last evaluation of the applicant. _____

6. Briefly describe your role in the applicant's care as it relates to this condition (e.g., evaluative role, consultant, treatment provider).

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

8. Describe the applicant's current functional limitations in major life activities (as defined by the ADA*), and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions (see **Part III** of this form for a description of the standard exam).
Note: Psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

*DISABILITY - a physical or mental impairment that **substantially limits one or more major life activities.**
MAJOR LIFE ACTIVITIES - include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (Per the ADAAA of 2008.)

9. Does the severity of the condition/impairment fluctuate? ☐ Yes ☐ No

If yes, describe the settings and/or circumstances affecting severity that are relevant to taking the bar examination.

10. Is the applicant currently being treated for this condition? ☐ Yes ☐ No

10a. If yes, describe the type of treatment, including any medication.

10b. If no, explain why treatment is not being pursued.

11. *If recommending accommodations on the basis of AD/HD or a Learning Disability:*

Describe the applicant's symptoms were **present in childhood or early adolescence**, even if not formally diagnosed, that caused significant impairment across multiple settings (e.g., academic, occupational, social, consistent with the DSM).

Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.

III. ACCOMMODATIONS RECOMMENDED FOR THE MASSACHUSETTS BAR EXAM

The Massachusetts Bar Examination is a timed, in-person examination administered over two days in four, three-hour sessions, from approximately 9:30a.m. to 12:30p.m. and from approximately 2:00p.m. to 5:00p.m. There are scheduled breaks between each testing session on both testing days. The bar exam is administered twice each year, in February and July.

The first day consists of two performance tests (MPT) in the morning and six essay (MEE) questions in the afternoon. The performance and essay questions are designed to assess, among other things, the applicant's ability to communicate their analysis effectively in writing. Questions are provided in hard-copy booklets, and applicants may handwrite or use their personal laptop computers to record their answers.

The second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Questions are provided in hard-copy booklets, and applicants record their answers by completing a scantron form.

Applicants are seated at a space pre-assigned by the Board of Bar Examiners. They are allowed to have water and medication at their testing space and are provided with foam earplugs. Other items requested require approval as accommodations. The examination is administered in-person. Applicants are required to refrain from speaking. They may leave their seat only to use the restroom and must notify the proctor that they are doing so. Applicants are monitored by trained proctors.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodations do you recommend?

☐ **Alternate Test Format:**

- ☐ Braille
- ☐ Audio USB
- ☐ Electronic test questions (compatible with screen reading software)
- ☐ Use of dictation (speech-to-text) software for MEE and MPT responses
- ☐ MBE Circling (responses transferred to scantron by BBE staff)
- ☐ Large print/18-point font
- ☐ Large print/24-point font
- ☐ Other _____

(Continued on next page)

☐ **Extra Testing Time**

Indicate below how much extra testing time is recommended.

Note: For applicants awarded 25%, off the clock breaks and 50% additional time, the UBE will be administered in a two-day period. Applicants may request three-day testing for 50% only and may be afforded such based on the applicant's needs and space constraints. For applicants awarded 100% additional time, the UBE will be administered over a four-day period. No other times are allowed in Massachusetts (no 10%, 33% etc.). Finally, off the clock breaks are a standard 30-minutes per testing session; no other alternatives are available.

Test Portion	**Standard Time**	**Extra Time Requested** (% extra time per 3 hr. session)
MPT/Performance Test	3 hours	☐ 25% Extra time ☐ 50% Extra time in two days ☐ 50% Extra time in three days ☐ 100% Extra time ☐ Off-The-Clock Breaks
MEE/Essay	3 hours	☐ 25% Extra time ☐ 50% Extra time in two days ☐ 50% Extra time in three days ☐ 100% Extra time ☐ Off-The-Clock Breaks
MBE/Multiple-Choice	Two 3-Hour Sessions	☐ 25% Extra time ☐ 50% Extra time in two days ☐ 50% Extra time in three days ☐ 100% Extra time ☐ Off-The-Clock Breaks

☐ **Other accommodations**.

Describe the recommended arrangements (e.g., medication, lumbar support, standing desk, etc.).

Explain each recommendation below.

A) If recommending extra testing time, explain why extra testing time is necessary and describe how you arrived at the **specific amount** of extra time recommended.

B) Address why extra breaks or longer breaks are insufficient to accommodate the applicant's functional limitations

C) If either the amount of time or your rationale is different for different portions of the examination, please explain.

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. (REQUIRED)**

I certify under penalty of perjury that the foregoing is true and correct.

Signature _____ Date Signed _____

Title _____ Daytime Telephone Number _____