



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

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**FORM C
TESTING ACCOMMODATIONS - LEARNING DISABILITIES
VERIFICATION**

(Please print or type; must be legible)
(To be completed by a qualified professional -- see below*)

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 on the First-Year Law Students' Examination or the California Bar Examination for you on the basis of a learning 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:

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

I. QUALIFICATIONS OF THE EXAMINER/DIAGNOSTICIAN

Name of professional completing this form: _____

Address:

Telephone number: _____

Occupation, title & specialty:

License number (if applicable): _____

The following professionals are deemed appropriate and qualified to provide a diagnosis of learning disabilities: Clinical Psychologist, Neuropsychologist**, Educational or School Psychologist**, Educational Diagnostician, Learning Disabilities Specialist, Educational Therapist. (** must be licensed)*

Please describe your specialized training in the assessment, diagnosis and remediation of learning disabilities with the adult population. Experience in working with cultural and/or linguistically diverse populations is also essential. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical:

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

Date of last evaluation/assessment of the applicant: _____

Briefly describe your diagnosis: _____

Briefly describe the nature and severity of the individual's learning disabilities and how this affects the applicant's ability to take the examination, with a focus on the **functional impact or limitation** resulting from the specific learning disabilities:

III. FORMAL TESTING

An applicant with specific learning disabilities must have been identified by an appropriate psycho-educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include:

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;

2. Clear objective evidence of a limitation to learning provided through assessment in the areas of **cognitive aptitude, achievement and information processing abilities** (results must be obtained on standardized test(s) appropriate to the adult population and be reported in standard scores and percentiles);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues) affecting the individual's performance;
4. A specific diagnostic statement that does not include nonspecific terms such as "learning differences, "learning styles," or "academic problems;" and,
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

In addition to the above requirements, the evaluation process must:

1. Have been administered within the last five (5) years and after the applicant's eighteenth (18th) birthday;
2. Document an information processing deficit,
3. Certify that the applicant's aptitude is within the average or above-average range; and,
4. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies **cannot** be obtained from a single subtest.

A copy of the evaluation report, including all the above outlined information, must accompany this form.

It should be kept in mind that when choosing a test battery, the technical aspects of each test must be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the adult population. Again, the professional judgment of the evaluator is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- *Wechsler Adult Intelligence III* (including IQ, Index and scaled scores)
or
- *Woodcock-Johnson Psycho-educational Battery, Revised Part I: Tests of Cognitive Ability*
or

- *Stanford-Binet Intelligence Scale* (4th Ed.)
or
- *Kaufman Adolescent and Adult Intelligence Test*
or
- *Detroit Test of Learning Aptitude-A* (DTLA-A)

Please note: *The Slossen Intelligence Test* and the *Kaufman Brief Intelligence Test* are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

AND

2. Achievement

- *Woodcock-Johnson Psychoeducation Battery, Revised Part II: Tests of Achievement*
or
- *Wechsler Individual Achievement Test* (WIAT)
or
- *Scholastic Abilities Test for Adults* (SATA)
and
- *Nelson-Denny Reading Test* (timed and untimed; given in conjunction with one of the above to further document reading abilities and reading rate)

Please note: The *Wide Range Achievement Test: Third Edition* (WRAT-3) and the *Peabody Individual Achievement* (PIAT, PIAT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

AND

3. Information Processing

- *Wechsler Memory Scale-III*
or
- *Swanson Cognitive Process Test* (S-CPT)
or
- *Test of Adolescent/Adult Wordfinding* (TAWF)
or

Information from subtest, index and/or cluster scores on the *WAIS-III* (*Working Memory; Perceptual Organization; Processing Speed*) and/or the *Woodcock Johnson Psychoeducational Battery, Revised Part 1: Tests of Cognitive Ability* (Tests 1-14 cluster scores for Auditory Processing; Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or *The Detroit Tests of Learning Aptitude-Adult* (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

Do you believe the applicant's motivation level, interview behavior and/or test taking behavior was adequate to yield reliable diagnostic information/test results? Yes No

Describe how this determination was made: _____

IV. ACCOMMODATION REQUESTS

A diagnosis of specific learning disabilities only qualifies for accommodations if there is evidence of the disability impact on test taking that can be ameliorated by specific accommodations. These accommodations should not cause an unreasonable burden on the Committee of Bar Examiners and should not lower the standards of the evaluation. Objective evidence should be examined indicating that a) there is an actual disability impacting test performance, and b) the accommodations you recommend are reasonable to ameliorate the disability.

Based on the applicant's diagnosed specific learning disabilities, what specific testing accommodations would you recommend for taking the examination? (Check below all specific accommodations you believe are necessary. Note: The accommodation of extended time needs additional specific information.)

Alternative Formats

- Audio Cassette Version of the Examination
- Large Print Examination Materials
(check one: 18 pt or 24 pt.)
- Word Processor
- Computer (only if software is available to restrict access)
- Private Room
- Semi-private Room
- Extended Time (complete section below)
- Other _____

Personal Assistance

- Dictate to a Typist
- Reader
- Scribe
- Assistance with multiple-choice answer sheet (Scantorn sheet)
- Dictate to a Tape Recorder

Please provide rationale for requests indicated: _____

Accommodation of Extra Time

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination. The Bar Examination has six 3-hour sessions (three essay questions or one performance test or 100 multiple-choice questions per session) and the First-Year Law Students' Examination has one 4-hour session for administration of its four essay questions and one 3-hour session where 100 multiple-choice questions are administered.

All requests for additional time must specify the exact amount of additional 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 additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.

Essay: Specify the amount of additional test time needed per session and rationale: _____

Performance Test: Specify the amount of additional test time needed per session and rationale:

Multiple-Choice: Specify the amount of additional test time needed per session and rationale:

V. PRIOR HISTORY AND PAST ACCOMMODATIONS

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

VI. 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. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE

I attach hereto copies of all test results, evaluations, educational or psychological reports 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). **This is required.**

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

(Signature of Clinician/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 a panel or professional consultants if deemed necessary.