

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

The Renaissance Centre
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Wilmington, DE 19801
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**FORM D:
ATTENTION DEFICIT HYPERACTIVITY
DISORDER VERIFICATION**

NOTICE TO APPLICANT AND AUTHORIZATION

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of attention deficit hyperactivity disorder. Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Full Name: _____

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 Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date

Signature

NOTICE TO QUALIFIED PROFESSIONAL

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). 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 on the examination on the basis of attention deficit hyperactivity disorder ("ADHD"). The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form.

If information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

Confidentiality policies of the Board 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. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such experts or professionals for their consideration.

Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Occupation & Specialty: _____

License Number: _____

Certification/State: _____

Please describe your specialized training in the assessment, diagnosis, and remediation of ADHD with the adult population.

II. DIAGNOSTIC INFORMATION

1. When was the applicant 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. When was your last complete evaluation of the applicant?

5. Describe the applicant's current symptoms of ADHD 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.

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.

7. Describe the applicant's functional impairment and provide objective evidence that demonstrates substantial limitations in major life activities (e.g. school accommodation plans, 504 Plans, IEPs, loss of job or poor performance evaluations, driving violations, relationship difficulties, substance abuse, financial problems, etc.).

ATTACH COMPREHENSIVE EVALUATION REPORT. The Board provides reasonable accommodations based on an assessment of the current impact of an applicant's disability on the specific testing activity on the Delaware Bar Examination. The Board 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 current edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM")

published by the American Psychiatric Association are used as the basic guidelines for determining a diagnosis of ADHD.

To the extent possible, the report should include a summary of the information obtained from the diagnostic interview to substantiate the applicant's ADHD diagnosis and current functional limitations. In addition to the applicant's self-report, the information should include objective historical and current evidence from third-party sources such as rating scales filled out by parents, teachers, or others; job performance evaluations; third-party interviews; historical information garnered from transcripts, teacher comments, tutoring evaluations, and report cards; and IEPs or 504 Plans, if any. The diagnostic interview, with information from a variety of sources, should include, but not necessarily be limited to:

- history of presenting ADHD symptoms, including evidence of non-remitting symptoms that have interfered with functioning over time and evidence of symptom presentation prior to age 12;
- developmental history;
- family history for the presence of ADHD and other educational, learning, physical, or psychological difficulties;
- thorough academic history, including elementary, secondary, and postsecondary education, as well as performance on standardized tests such as the SAT, ACT, and LSAT, IEPs, 504 Plans, report cards, and accommodations previously utilized, if any;
- relevant medical history, including the absence of a medical basis for the symptoms, effects of medication (positive or negative), and whether prescribed medication had been taken at the time of the evaluation;
- relevant psychosocial history and interventions;
- relevant employment history;
- review of any prior neuropsychological or psychoeducational test reports;
- current symptoms that have been present for at least the past six months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

The report must include a review of the diagnostic criteria for ADHD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) both currently and retrospectively. The report must demonstrate a persistent pattern of clinically significant symptoms that interfere with functioning. It should identify which symptoms have persisted for at least six months and specify which symptoms were present prior to age 12 years. There must be clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning, and several symptoms must be present in two or more settings. The report should specify if symptoms are in partial remission, and should also specify the current severity of symptoms (mild, moderate, or severe).

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations.

The report should include a review of prior accommodations utilized by the applicant (e.g., for standardized examinations such as the LSAT, ACT, or SAT; school examinations; licensing or certification examinations; classroom; etc.) and the extent to which the accommodations met the applicant's needs. It is important to recognize, however, that accommodation needs can change over time and in different settings.

NOTE: If there is another diagnosis pertinent to the accommodation request, please provide complete information regarding any other diagnoses and findings, and ask the applicant to provide appropriate forms relating to such diagnoses to you for completion.

- 1. Have you attached 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 BarExam?**

- Yes
- No

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.). Please answer the following questions.

- 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, please describe the findings.

- 3. Was testing performed that rules out other factors (e.g., other psychiatric conditions, sleep disturbance, medical conditions, lifestyle issues, stressors, anxiety, depression, etc.) as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?**

- Yes
 No

If yes, please describe the findings.

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

- Yes
 No

If yes, please describe what testing was performed and the findings, and state whether any symptom validity tests were administered. If symptom validity tests were not administered, please explain why they were not.

IV. TREATMENT

1. Is the applicant currently being treated for ADHD?

- Yes
 No

If yes, describe the treatment, including any medication, and identify the extent to which the treatment is effective in controlling the applicant's ADHD symptoms and reducing any impairment.

If no, explain why treatment is not being pursued.

V. RECOMMENDED ACCOMMODATIONS

The Bar Exam is a timed, written examination in two parts administered over the last Tuesday and Wednesday of February and July of each year.

- On Tuesday morning, applicants take the Multistate Performance Test ("MPT") prepared and administered by the National Conference of Bar Examiners ("NCBE"), which contains two sections designed to test an applicant's ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Tuesday afternoon, applicants are given four essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay

questions and must respond to the essay questions in three hours. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.

- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

Applicants are assigned seats. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session. For test security purposes, only one applicant at a time may leave a particular examination room in order to use the restroom or drinking fountain.

Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant’s disability? Please mark all that apply.

Examination Format

- Large Print – Please specify font size _____
- Other: _____

Physical Assistance

- Reader; Screenreader
- Typist or voice recognition computer for essays
- Other: _____

Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

Essays

Standard Length: One full day, consisting of two 3-hour sessions.

Extended Time Requested: _____

Rationale:

Multistate Bar Examination

Standard Length: One full day, consisting of two 3-hour sessions.

Extended Time Requested: _____

Rationale:

Other

Are there any other accommodations:

Rationale:

I. CERTIFICATION

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

Date

Signature of Qualified Professional