

**NST FORM 2: LEARNING DISABILITY 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 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: \_\_\_\_\_

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

I give permission to the qualified professional completing this form to release the information requested on the form.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Connecticut 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 learning disability. The Connecticut Bar Examining Committee (Committee) 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 Connecticut Bar Examination. We appreciate your assistance.

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

Print **legibly** 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 Committee.**

**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS**

1. Provide the date the applicant was first diagnosed with a learning disability. \_\_\_\_\_

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. Provide the date of your last complete evaluation of the applicant. \_\_\_\_\_

5. Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

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

6. Describe the applicant’s current level of functioning and the impact of any functional limitations on the applicant’s major life activities.

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7. Was the applicant’s motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results?  Yes  No  
Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant’s specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a learning disability normally is lifelong, the severity and manifestations can change. The Committee generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. **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 Connecticut Bar Examination.** The evaluation report should include the following:

- A. an account of a thorough diagnostic interview that summarizes relevant components of the individual’s developmental, medical, family, social, and educational history;
- B. clear, objective evidence of a substantial limitation to learning or performance 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 general adult population and be reported in age-based standard scores and percentiles);
- C. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant’s performance;
- D. a specific diagnostic statement, which should not include nonspecific terms such as “learning differences,” “learning styles,” or “academic problems”; and
- E. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

### III. FORMAL TESTING

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments

appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th ed.)
- Kaufman Adolescent and Adult Intelligence Test

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.

2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)

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

3. Information Processing

- Wechsler Memory Scale III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index, and/or cluster scores on the WAIS III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson III (WJ III): Tests of Cognitive Ability (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.

**IV. ACCOMMODATIONS RECOMMENDED FOR THE CONNECTICUT BAR EXAMINATION  
(CHECK ALL THAT APPLY)**

**DESCRIPTION OF THE CONNECTICUT STATE BAR EXAMINATION**

**The first day of the examination** consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and 1/2 hour break in between (1 hour for lunch and 30 minutes for instructions). During the morning session, applicants are required to handwrite or type on a laptop (at the preference of the candidate) answers to 2 performance tests. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 1 hour and 30 minutes per performance test. During the afternoon session, applicants are required to hand write or type on a laptop (at the preference of the candidate)

answers to 6 essay questions. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 30 minutes per essay. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

**The second day of the examination** consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and ½ hour break in between (1 hour for lunch and 30 minutes for instructions). Each session consists of 100 multiple-choice questions which must be answered by filling in answers on a computer graded grid sheet. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

Applicants are typically seated two to a 6-foot table. They are permitted to leave their desk to go to the restroom and to utilize a water station. All applicants are permitted to bring and wear ordinary foam ear plugs during the examination and to take any necessary over-the-counter and legally prescribed medications (e.g. pills taken orally and topical creams).

**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:

MPT/MEE	MBE	
<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	Audio CD
<input type="checkbox"/>	NA	Microsoft Word document on data CD for use with screen-reading software
<input type="checkbox"/>	<input type="checkbox"/>	Large print/ <b>18-point font</b>
<input type="checkbox"/>	<input type="checkbox"/>	Large print/ <b>24-point font</b>

Assistance:

MPT/MEE	MBE	
<input type="checkbox"/>	<input type="checkbox"/>	Reader
<input type="checkbox"/>	NA	Typist/Transcriber for MPT/MEE
NA	<input type="checkbox"/>	Scribe for MBE

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

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

<b>Test Portion</b>	<b>Standard Time</b>	<b>Extra Time Recommended</b> (25%, 50%, or 100% of the standard time)
MPT	AM – 2 performance tests – 3 hours	
MEE	PM – 6 essays – 3 hours	
MBE	AM – 100 multiple choice – 3 hours	
MBE	PM – 100 multiple choice – 3 hours	

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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Extra breaks. Describe the duration and frequency of the recommended breaks. Explain why extra breaks are necessary and describe how you arrived at the length or frequency of breaks recommended. If you are also recommending extra testing time, explain why both extra testing time and extra breaks are necessary.

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Other arrangements (e.g., elevated table, limited testing time per day, lamp, food, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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**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.**

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