

This form must be sent by the Qualified Professional on or before the deadline directly to the
TN Board of Law Examiners • 511 Union Street Suite 525 • Nashville, TN 37219

FORM 2A: QUALIFIED PROFESSIONAL STATEMENT FOR LEARNING DISABILITY

This form is to be filled out by a **Qualified Professional** (see Board Policies and Procedures, P-3.11, Appendix A, Paragraph B). Please type or print legibly.

NOTICE TO APPLICANT: This section of the 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. This form **MUST** be filed on or before the deadline for filing applications (May 20 for the July exam; December 20 for the February exam).

Applicant's Full Name: _____

Date(s) of evaluation/treatment: _____

Applicant's Date of Birth: _____ SSN (Last 4 Digits): _____

I give permission to the qualified professional completing this form to release the information requested on the form, including all records, test results, or reports upon which you relied in making the diagnosis. Further, I request and authorize the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Tennessee Board of Law Examiners or by consultant(s) of the Tennessee Board of Law Examiners, including the Tennessee Lawyers Assistance Program.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Tennessee Bar Examination. All such requests must be supported by a comprehensive written diagnostic report from the qualified professional who conducted an appropriate psychoeducational assessment of the applicant and is recommending accommodations on the bar examination on the basis of a Learning disability. The remainder of this form must be completed by a professional who is certified or licensed in the area of adults with learning disabilities and trained in psychiatric, psychological, neuropsychological and/or psychoeducational assessment. If any of the information requested in this form is fully addressed in the written diagnostic report, you may respond by citing the specific page and paragraph where the answer can be found. Please attach a copy of the written diagnostic report and all records and test results on which you relied in making the diagnosis and accommodations recommendation for the Tennessee Bar Examination.

The Tennessee Board of Law Examiners 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 on the next pages. **Return this completed form, the diagnostic report, and relevant records and test results directly to the Tennessee Board of Law Examiners, 511 Union Street, Suite 525, Nashville, TN 37219, by the deadline for submitting applications (May 20 for the July exam; December 20 for the February exam).** Your assistance is appreciated.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Fax: _____ E-mail: _____

Occupation and specialty: _____

License number/Certification(s)/State: _____

Describe your qualifications and experience to diagnose and/or verify the applicant's condition/impairment and to recommend accommodations (specific training, certifications, etc.):

Type your answer here:

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

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 and/or utilized in forming your evaluation and recommendation. _____

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 diagnosis, using the most current version of the DSM.

6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities. Describe in detail any major life activities (e.g., seeing, hearing, learning, reading, etc.) that are substantially limited by the Applicant's diagnosed disability at the current time. If there are none, please so state.

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:

8. Attach a comprehensive diagnostic report. The evaluation in the form of a comprehensive diagnostic report must include:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
- 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 for the general adult population and be reported in standard scores and percentiles);
- 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, or English as a second language) affecting the individual's performance;
- A clear diagnostic statement of a specific learning disability based upon the DSM-5 which should not include nonspecific terms such as "learning differences," "learning styles" or "academic problems," and that specifies all academic domains and subskills that are impaired and identify the current severity of symptoms (mild, moderate or severe).
- A rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.). See Board Policy P-3.11 Appendix A, sub-paragraph B.

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 diagnostic criteria are provided as a guide to assessment instruments appropriate for the adult population. Specific tests will vary with the needs of the individual being evaluated but such assessments must be designed to rule-out alternative diagnoses or explanations and result in a clear diagnostic statement with age-based standard scores used for all normed measures:

1. A comprehensive diagnostic interview that summarizes the applicant's academic history and learning processes throughout applicant's education, as well as other relevant developmental, medical, family, psychosocial and employment history.
2. A neuropsychological, psychological and/or psychoeducational assessment consisting of a comprehensive battery of tests that addresses aptitude, achievement and relevant aspects of cognitive function and information processing, including but not limited to the following requirements:
 - The battery must include current levels of academic functioning in reading (decoding and comprehension).
 - If requesting extra time, a timed reading measure that has been normed on adults and allows for both extended and regular administration, such as the Scholastic Abilities Test for Adults (SATA), is useful.
 - Cognitive measures that relate to the processing of words and sentences presented visually are most relevant as the examination is a reading-based test.
 - If informal assessment procedures are used for any reason, those procedures must be described in sufficient detail to establish clinical validity and utility.

IV. ACCOMMODATIONS RECOMMENDED FOR THE TENNESSEE BAR EXAMINATION

The Tennessee Bar Examination is a 2 day examination consisting of two 3 hour sessions each day.

- Day One consists of 2 Multistate Performance tests (MPT) in the morning session and 6 essay questions in the afternoon session. The MPT is a test on fundamental lawyering skills that involves a writing project. Each of the tests is designed to be read and answered in 90 minutes. Applicants are advised to spend half the allotted time reading and organizing and half the allotted time writing the response. Each test is designed to be read and answered in 90 minutes The 6 essay questions are each on a different subject and are designed to be read and answered in 30 minutes.
- Day Two consists of a 200 question multiple choice examination answered in pencil on a computer-graded grid sheet with 100 questions in the morning session and 100 questions in the afternoon session.
- Each day, there is a 1 – 1 ¼ hour lunch break.
- Examinees are seated in assigned seats with two examinees per 6' – 8' table in a room with up to 400 examinees, although in July, there are smaller examination locations in Knoxville (up to 225) and Memphis (up to 140). No food or drink is allowed at the examination table, although water is available and restroom breaks are permitted.

Considering the above description of the examination, what reasonable test accommodation(s) do you recommend to ameliorate the current limitations of the applicant? Check all that apply:

[] Extra testing time. Indicate below how much extra testing time is recommended and the rationale:

| DAY 1, AM – MPT (Two writing processes testing lawyering skills questions in one 3 hour session) | |
|--|--|
| Additional time requested: <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Specific Rationale for additional testing time on this segment: |
| DAY 1, PM: MEE (6 Multistate essay questions in one 3 hour session) | |
| Additional time requested: <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Specific Rationale for additional testing time on this segment: |

| DAY 2: Multistate Bar Examination (The MBE is a 200 question standardized test divided into two 3-hour sessions) | |
|--|--|
| Additional time requested: <input type="checkbox"/> 50% <input type="checkbox"/> 100% | Specific Rationale for additional testing time on this segment: |

Other arrangements (e.g., wheelchair access, beverage, food, medication, lamp, magnifying glass, etc.). Describe the arrangements and provide a rationale for the request.

V. PROFESSIONAL’S SIGNATURE AND VERIFICATION

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 hereby certify that I will mail the required records directly to the Tennessee Board of Law Examiners, 511 Union Street, Suite 525, Nashville, TN 37219. I understand that the applicant's request for testing accommodations will not be processed without these records. I understand that stringent deadlines apply to filing and that it was the applicant's responsibility to provide me this form and request in a timely manner.

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that a representative or agent of the Tennessee Board of Law Examiners or its designee may contact me for clarification of my responses on this form.

Signature of person completing this form

Date signed

Title

Daytime telephone number