

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 2B: QUALIFIED PROFESSIONAL STATEMENT FOR ADHD

This form 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 ADHD. 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 individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of ADHD. The remainder of this form must be completed by a licensed mental health professional who is trained in psychiatric, psychological, neuropsychological and/or psychoeducational assessment of adults. 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 deadlines noted above.** 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(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 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 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.

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- 6. Describe the applicant’s current **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, such as job evaluations, rating scales filled out by third parties, academic records, etc.

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- 7. 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, such as report cards, teacher comments, tutoring evaluations, job performance assessments, etc.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. The Tennessee Board of Law Examiners 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 most current version of the *Diagnostic and Statistical Manual of Mental Disorders* are used as the basic guidelines for determination of an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. The diagnosis depends on objective evidence of ADHD symptoms that occur early in the applicant’s development and cause the applicant clinically significant impairment within multiple environments. Any assessment must be designed to rule out alternative diagnoses. Applicant’s self-report alone is insufficient to establish the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

- 1. Sufficient numbers of symptoms (delineated in the DSM) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational. The exact symptoms should be described in detail.
- 2. Objective historical evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.

- 3. Objective evidence indicating that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning, and the current impairment from the symptoms is observable in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting and evidence that these problems are not confined to the academic setting.
- 4. Objective historical and current evidence, in addition to self-report, 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, as well as relevant psychosocial history and interventions and relevant employment history.
- 5. A determination that the symptoms of ADHD are not a function of some other mental disorder (such as a mood, anxiety, personality disorder, psychosis, substance abuse, low cognitive ability, etc.).
- 6. Indication of the specific ADHD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

**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.). 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. 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.

- 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, briefly describe the findings.

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- 3. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems? [ ] Yes [ ] No  
If yes, briefly describe the findings.

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- 4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?  
[ ] Yes [ ] No

If yes, briefly describe the findings.

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- 5. 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.

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- 6. Was testing performed to assess the possibility that a lack of motivation or effort affected the test result?  
[ ] Yes [ ] No

- 7. Describe the findings, including the results of symptom validity tests. If such tests were not administered, please state why they were not.

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**IV. ADHD TREATMENT**

Is the applicant currently being treated for ADHD? [ ] Yes [ ] No

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the ADHD symptoms. If it is effective, explain why accommodations are necessary.

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If no, explain why treatment is not being pursued.

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**V. 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 (2 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 <b>this</b> 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 <b>this</b> 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 <b>this</b> segment:

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

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**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