

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 2D: QUALIFIED PROFESSIONAL STATEMENT FOR PHYSICAL 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 Physical 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 physical assessment of the applicant and is recommending accommodations on the bar examination on the basis of a Physical Disability. The remainder of this form must be completed by a medical doctor who specializes in the specific claimed disability. 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 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. What is the specific diagnosis (including diagnosis code) for which the applicant requests test accommodations:

- 2. Describe the nature of the physical disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability. **Please note that you must also attach to this form or provide directly to the Board a complete copy of the testing and assessment tools conducted, as well as copies of your notes and other records relating to the Applicant.** _____

- 3. When did you first meet with the applicant? _____

- 4. When was the applicant's physical disability first diagnosed? _____

5. 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.

6. What was the date of your last complete evaluation of the applicant: _____

7. Are there any known or suspected environmental triggers ? [] Yes [] No

If yes, please describe:

8. Is this a permanent condition/impairment? [] Yes [] No

If no, when is it likely to abate?

9. Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the bar examination. Describe in detail any major life activities that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, please so state.

10. Briefly describe the current treatment and strategies, including any prescribed medications and/or auxiliary aids, used by the applicant, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.

III. ACCOMMODATIONS RECOMMENDED FOR THE TENNESSEE BAR EXAMINATION

As background for the specific inquiries the Tennessee Board of Law Examiners makes concerning the applicant's need for accommodations, 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 90-minute 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 and the functional limitations currently experience by the applicant, 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, including why extra test time is necessary and how you arrived at the specific amount of extra time recommended for each segment of the exam:

DAY 1, AM – MPT (Two writing processes testing lawyering skills questions in one 3 hour session)	
Additional time requested: [] 50% [] 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: [] 50% [] 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: [] 50% [] 100%	Specific Rationale for additional testing time on this segment:

[] Question Format or Assistance Requirements. Indicate if any recommended, if for the entire exam or identify the segments for which recommended, and the rationale:

Question Format/Assistance (Check all that apply):	Specific Rationale for the Accommodation:
[] Large Print 18 pt font	
[] Large Print 24 pt font	
[] MBE Grid Assistance	
[] Reader/Scribe	
[] Special seating location (end of aisle, back of room, near speaker)	

[] Other arrangements (e.g., wheelchair access, auxiliary device(s), 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