



## State of Rhode Island Judiciary

### Supreme Court – Clerk’s Office

Licht Judicial Complex  
250 Benefit Street  
Providence, RI 02903

### Learning Disability Verification

**Notice to Applicant: You are to complete this section of the form.** The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the Rhode Island Bar Examination for you based on 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. You can withhold your consent if you wish, but if consent is refused, the Board of Bar Examiners (BBE) may have to make decisions without the benefit of verified information from your treating physician(s). Please make your choice by signing either Option 1 or Option 2.

Applicant’s full name: \_\_\_\_\_

Applicant’s address: \_\_\_\_\_

Applicant’s date of birth: \_\_\_\_\_

Date(s) of evaluation or treatment: \_\_\_\_\_

**Option 1:** 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 BBE or consultant(s) of the BBE.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

**Option 2:** I refuse to allow consent to contact my treating physician(s) to verify my medical condition relating to my request for special testing accommodations.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

### Notice to Qualified Professional

The above-named person is requesting accommodations on the Rhode Island 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 based on a learning disability. The BBE also requires a 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 Rhode Island Bar Examination. We appreciate your assistance. The BBE may forward this information to one (1) or more qualified professionals for an independent review of the Applicant's request.

Print 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 BBE.**

### **I. Evaluator or Treating Professional Information**

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation and specialty: \_\_\_\_\_

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

License number, certification, and 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 the diagnosis was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

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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 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR or most current version)) diagnosis:

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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

8. 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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### Comprehensive Evaluation Report

The 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 life long, the severity and manifestations can change. The BBE generally requires documentation from an evaluation conducted within the last five (5) 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 Rhode Island Bar Examination.** The evaluation report should include the following:

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
2. 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);
3. 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;
4. A specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
5. A rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

### **III. Formal Testing**

Of most importance is 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 and Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including intelligence quotient (IQ), index, and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th edition)
- 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 and 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 Rhode Island Bar Examination (check all that apply)**

The Rhode Island Bar Examination is a timed written examination administered on the last Tuesday and Wednesday in February and July each year. There is a one (1) hour lunch break each day.

The first day consists of two (2) Multistate Performance Test (MPT) questions in the morning session and six (6) essay questions (Multistate Essay Examination (MEE)) in the afternoon session. The MEE and MPT are designed to assess, among other things, the Applicant's ability to communicate the Applicant's analysis effectively in writing. The Applicant may use personal laptop computers to type answers or they may handwrite answers.

The second day consists of 200 multiple-choice questions Multistate Bar Examination (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. The Applicant records answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

The Applicant is assigned a seat, two (2) per six-foot table, in a room set for 100 to 400 applicants. The Applicant is not allowed to bring food, beverages, or other items into the testing room unless approved as accommodations. The examination is administered in a quiet

environment, and the Applicant is allowed to use small foam earplugs. The Applicant may leave the room only to use the restroom within the time allotted for the test session.

**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 (1) would be appropriate) do you recommend?**

Test question formats:

- Braille
- Audio compact disc (CD)
- Microsoft Word document on data CD for use with screen-reading software (for MEE and MPT sessions)
- Large print - **18-point font**
- Large print - **24-point font**

Assistance:

- Reader
- Typist or transcriber for MEE or MPT
- Scribe for MBE

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

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

Test Portion	Standard Time	Extra Time Recommended
MPT/Performance	3 hours a.m.	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MEE/Essay	3 hours p.m.	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____
MBE/Multiple-choice	3 hours a.m. 3 hours p.m.	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> Other (specify) _____

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 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, medication, etc.). Describe the recommended arrangements and explain why each is necessary.

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#### **V. Evaluator or Treating 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 contained in this form is true and correct based upon the information in my records.

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Signature of person completing this form

Date

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Title

Daytime telephone number