

## Supplement A



### **Request for Special Accommodations for Attention Deficit/Hyperactivity Disorder\***

**All of the information requested in this form must be provided on this form or provided in the required comprehensive evaluation report discussed in this document.** Please attach a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommendation.

\*This information is adapted from the Florida Board of Bar Examiners.

## 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. \_\_\_\_\_

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### DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Applicant's Name: \_\_\_\_\_

2. Provide the date the applicant was first diagnosed with AD/HD. \_\_\_\_\_

3. 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.

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4. When did you first meet with the applicant? \_\_\_\_\_

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

6. Describe the applicant's **current** symptoms of AD/HD 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 AD/HD 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, etc.

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## COMPREHENSIVE EVALUATION REPORT

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. St. Thomas University School of Law generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV-TR) (or most current version) are used as the basic guidelines for determination of an Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms that occur early in the applicant's development and cause the applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally insufficient to establish evidence for the diagnosis. Please provide a comprehensive evaluation report that addresses all five points below.

1. Sufficient numbers of symptoms (delineated in DSM-IV-TR) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is "maladaptive" and inconsistent with developmental level. The exact symptoms should be described in detail.

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2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.

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3. Objective evidence indicating that 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. However, there must also be evidence that these problems are not confined to the academic setting.

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4. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).

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5. Indication of the specific AD/HD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

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Psychological testing and self-report checklists cannot be used as the sole indicator of AD/HD 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 AD/HD (inattention, working memory, etc.). The report should also include the following:

1. Is there evidence from empirically validated rating scales completed by more than one source that levels of AD/HD symptoms fall in the abnormal range? If yes, please provide copies.

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2. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by AD/HD symptoms? 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? If yes, briefly describe the findings.

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4. Was testing performed that rules out psychiatric factors (anxiety, depression, etc.) or test anxiety as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems? If yes, briefly describe the findings.

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5. Was testing performed to assess the possibility that a lack of motivation or effort affected test results? Describe the findings, including the results of symptom validity tests.

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6. Is the applicant currently being treated for AD/HD? \_\_\_\_\_  
If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the AD/HD 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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## **ACCOMMODATIONS RECOMMENDED FOR THE LAW SCHOOL EXAMINATIONS**

Law School final examinations typically consist of end of the semester, lengthy, timed examinations (3-5 hours) that may include essay-style questions, short answer-style questions and multiple choice-style questions. The examinations are graded on a curve and the students are expected to apply concepts learned in the class to hypothetical factual settings. The examinations have significant “analysis” components. Students are generally tested in a room with other students present, but with adequate spacing and desk space provided for each student. Students are allowed to wear ear plugs or noise-cancelling devices. For the essay portion of the examinations the students are generally allowed to use computers and type their answers using the “ExamSoft” program. For multiple choice style examinations students answer on a computer read “scantron” form. Students are allowed (reasonable) restroom breaks. No food or drink (other than a covered bottle of water) is allowed in the testing room.

During the semester, some classes will include shorter assessment tools (such as quizzes, group assignments, role playing, and etc.) as part of a class designed to take some portion of the class itself. These assessment tools are generally designed to test the understanding of more specific concepts or doctrines and the student’s ability to apply these concepts.

**Taking into consideration this description of the examination and tests and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend? And why do you find such accommodation is warranted.**

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**Please note the requirements regarding the specific accommodations addressed below:**

### **Extra Time Recommendations:**

If extra testing time is recommended. Provide specifically the amount of extra time (expressed as a percentage added to the “regular” time of the examination). For example if the regular time of the exam is 4 hours and you believe an additional hour would be warranted, then you should recommend 25% additional time. Also, discuss if the amount of extra time recommended varies depending on the format of the exam please indicated. (e.g., 25% extra time for essay –style questions, 10% for multiple choice, etc.)

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**Room Condition/Environment Recommendations:**

If some modification in the room or testing environment is recommended, (e.g. a room of limited distractions or a separate room), please specifically describe the nature of the recommendation and why the modification in environment is necessary and how you arrived at the conclusion that an environmental modification is warranted.

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**Other Recommendations:**

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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**EXPERT'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 recommendations 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