

## **NST FORM 2: LEARNING DISABILITY VERIFICATION**

**NOTICE TO APPLICANT: This section of this 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.

Applicant's full name: \_\_\_\_\_

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

Applicant's date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

I give permission to the qualified professional completing this form to release the information requested on the form.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### **NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Connecticut 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 on the basis of a learning disability. The Connecticut Bar Examining Committee (Committee) also requires the 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 Connecticut Bar Examination. We appreciate your assistance.

The Committee 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 below. **Return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission to the Committee.**

## **I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

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

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

Telephone: \_\_\_\_\_ 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. \_\_\_\_\_

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

## **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 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.

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

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 (most current version):  
\_\_\_\_\_  
\_\_\_\_\_

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  
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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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An 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 lifelong, the severity and manifestations can change. The Committee generally requires documentation from an evaluation conducted within the last three 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 Connecticut Bar Examination.** The evaluation report should include the following:

- A. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
- B. Formal testing - 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 must be reliable, valid, age-appropriate, and reported in age-based standard scores and percentiles using the most recent edition of each diagnostic measure.
- C. 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;
- D. A specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- E. A rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

**III. ACCOMMODATIONS RECOMMENDED FOR THE CONNECTICUT BAR EXAMINATION  
(CHECK ALL THAT APPLY)**

**DESCRIPTION OF THE CONNECTICUT STATE BAR EXAMINATION**

The examination is made up of three sections of three hours each, administered over one and a half days. The first day consists of one 3-hour morning session and one 3-hour afternoon session, with a lunch break in between. The second day of the examination consists of one 3-hour morning session.

The examination is administered in electronic format using the applicant's laptop. Each examination session is comprised of forty (40) standalone multiple-choice questions, two (2) Integrated Question Sets, and one (1) Performance Task. An integrated question set includes multiple choice and medium-answer and/or short-answer questions. A performance task is either one extended-response writing assignment, or multiple-choice and short-answer questions followed by a medium-length writing assignment. Applicants may freely navigate between all questions in a session and are free to use their time as they choose in each session.

Applicants are typically seated two to a 6-foot table and are provided with scratch paper. They are permitted to leave their desk to go to the restroom and to utilize a water station. All applicants are permitted to wear ordinary foam ear plugs during the examination and to take any necessary over-the-counter and legally prescribed medications (e.g. pills taken orally and topical creams).

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

Test Format:

- Braille
- Screen reader support (e.g., text to speech, JAWS, NVDA, VoiceOver)
- Speech to text (e.g., Dragon or similar speech recognition tools)

\*Font size selection, platform color selection, and browser zoom are available to all applicants and do not require an accommodation.

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

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

<b>Test Portion</b>	<b>Standard Time</b>	<b>Extra Time Requested</b> (25%, 50%, or 100%** of the standard time)
Day 1	AM Session – 3 hours	
	PM Session – 3 hours	
Day 2	AM Session - 3 hours	

\*\*The 100% additional testing time schedule necessitates an onsite, proctor-supervised lunch break.

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 are 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, to bring item(s) such as lumbar cushion or other necessary medical supplies, etc.). Describe the recommended arrangements and explain why each is necessary.

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#### **IV. 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 on this form is true and correct based upon the information in my records.

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Signature of person completing this form

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Date signed

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Title

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Daytime telephone number