

NST FORM 4: PSYCHOLOGICAL 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 psychological 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 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 psychological 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 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. What is the applicant's DSM (most current version) diagnosis? If diagnosis is not definitive, please list differential diagnoses.

2. Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology.

3. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions. Note: Psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

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4. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the bar examination.
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ATTACH A COMPREHENSIVE EVALUATION REPORT. An applicant's psychological disability must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination
- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or "rule out" diagnoses
- prognosis

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). _____

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

Test Portion	Standard Time	Extra Time Requested (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.

- ☐ 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.

- ☐ Other arrangements (e.g., elevated table, permission to bring item(s) such as lumbar cushion or other necessary medical supplies, etc.). Describe the recommended arrangements and explain why each is necessary.

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.

Signature of person completing this form

Date signed

Title

Daytime telephone number