

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

\_\_\_\_\_

\_\_\_\_\_

## II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

1. What is the applicant's DSM-IV-TR (or most current version) diagnosis? Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

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 first day of the examination** consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and ½ hour break in between (1 hour for lunch and 30 minutes for instructions). During the morning session, applicants are required to handwrite or type on a laptop (at the preference of the candidate) answers to 2 performance tests. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 1 hour and 30 minutes per performance test. During the afternoon session, applicants are required to hand write or type on a laptop (at the preference of the candidate) answers to 6 essay questions. Although applicants are free to use their time as they choose, the Committee estimates an allocation of 30 minutes per essay. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

**The second day of the examination** consists of one 3 hour morning session and one 3 hour afternoon session, with a 1 and ½ hour break in between (1 hour for lunch and 30 minutes for instructions). Each session consists of 100 multiple-choice questions which must be answered by filling in answers on a computer graded grid sheet. The regular testing schedule for the morning session is 9:30 a.m. to 12:30 p.m. and the afternoon session is 2:00 p.m. to 5:00 p.m.

Applicants are typically seated two to a 6-foot table. They are permitted to leave their desk to go to the restroom and to utilize a water station. All applicants are permitted to bring and 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 question formats:

MPT/MEE	MBE	
<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	Audio CD
<input type="checkbox"/>	NA	Microsoft Word document on data CD for use with screen-reading software
<input type="checkbox"/>	<input type="checkbox"/>	Large print/ <b>18-point font</b>
<input type="checkbox"/>	<input type="checkbox"/>	Large print/ <b>24-point font</b>

Assistance:

MPT/MEE	MBE	
<input type="checkbox"/>	<input type="checkbox"/>	Reader
<input type="checkbox"/>	NA	Typist/Transcriber for MPT/MEE
NA	<input type="checkbox"/>	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 (25%, 50%, or 100% of the standard time)
MPT	AM – 2 performance tests – 3 hours	
MEE	PM – 6 essays – 3 hours	
MBE	AM – 100 multiple choice – 3 hours	
MBE	PM – 100 multiple choice – 3 hours	

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, limited testing time per day, lamp, food, medication, 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.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number