



**II. Diagnosis and Current Functional Limitation**

1. What is the diagnosis that forms the basis of your recommendation? (Use DSM or diagnosis code references, as applicable).

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2. Describe the nature of the disability, including the date of onset, the date on which the disability was first diagnosed, the history of presenting symptoms, and a description of the duration and severity of the disability.

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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.

4. Is this a permanent condition?     Yes     No    If no, when is the condition/disability likely to abate.

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5. Describe the applicant's current functional limitations caused by the disability and explain how the limitations restrict the applicant from taking the examination under standard testing conditions. (Two 3-hour testing sessions given on each of two consecutive days). This link provides a more detailed description of the New Hampshire Bar Examination:

[www.courts.nh.gov/lawyers/nh-bar-admissions/bar-examination](http://www.courts.nh.gov/lawyers/nh-bar-admissions/bar-examination)

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6. Briefly describe any current treatment, including any prescribed medications, non-medication treatments, devices or auxiliary aids, and the effectiveness of treatment in reducing or alleviating the applicant's functional limitations.

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**III. Recommended Accommodations**

Taking into consideration the description of the examination and the functional limitations currently experienced by the applicant, what testing accommodation(s) do you recommend? (Check all that apply)

**A. Test Format / Accessibility**

Test Question Format	Personal Assistance				
	MBE	Essay		MBE	Essay
Braille	<input type="checkbox"/>	<input type="checkbox"/>	Scribe	<input type="checkbox"/>	<input type="checkbox"/>
Audio CD	<input type="checkbox"/>	<input type="checkbox"/>	Reader	<input type="checkbox"/>	<input type="checkbox"/>
Large Print exam (18 pt. font)	<input type="checkbox"/>	<input type="checkbox"/>	Assistance with computer	<input type="checkbox"/>	<input type="checkbox"/>
Large Print exam (24 pt. font)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Explain the rationale for your recommendation:

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**B. Additional Test Time**

Test Portion	Standard Time	Extra Time Requested
MPT/Performance Test Essay	Tuesday AM 3 hours	
MEE/Essay	Tuesday PM 3 hours	
MBE/Multiple-Choice	Wednesday 3 hours AM 3 hours PM	

Explain the rationale for your recommendation of extra time and how the extra time will alleviate the impact of the disability in the testing environment.

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**C. Extra Breaks**

Describe the duration and frequency of the requested breaks, and explain the rationale for the requested breaks and how they will alleviate the impact of the disability in the testing environment.

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**D. Separate Room**

Are you requesting a separate room?  Yes  No. If you are requesting a separate room, explain why a separate room is necessary, and how it will alleviate the impact of the disability in the testing environment.

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**E. Other Arrangements.** (e.g. medication, lamp, etc.).

Describe the arrangements and explain why the other arrangements are necessary and how they will alleviate the impact of the disability in the testing environment.

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**PLEASE INCLUDE A COPY OF A COMPREHENSIVE EVALUATION REPORT AND ALL RECORDS AND TEST RESULTS UPON WHICH YOU HAVE RELIED IN MAKING THIS DIAGNOSIS AND RECOMMENDATION.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualified Professional

\_\_\_\_\_  
Printed Name

NOTE: I understand that this information may be reviewed by a qualified professional retained by the New Hampshire Board of Bar Examiners to assist in determining whether a disability exists as defined by the ADA, and in determining reasonable testing accommodations.

**CURRENT AND COMPREHENSIVE DOCUMENTATION:**

**Current documentation:** Medical or other documentation must be sufficiently recent to demonstrate a current impairment. Use the following guidelines to determine whether your documentation is sufficiently recent. Failure to provide recent medical documentation may result in the rejection of your request as incomplete.

Accommodation requests based on Physical, Vision, or Hearing Disabilities. If the disability has been present since birth, or is expected to be permanent, or is not expected to improve over time, the applicant must provide a copy of his or her most recent medical evaluation. If the disability has not been present since birth, or is expected to be temporary, or is expected to improve with time, the applicant should provide medical documentation that is no more than one year old measured from the date of the evaluation to the date of the current application.

Accommodation requests based on Learning Disabilities, ADHD, or other Cognitive Disorders. The applicant's medical documentation should be no more than three years old measured from the date of the evaluation to the date of the current application.

Accommodation requests based on Psychiatric Disabilities. The applicant's medical documentation should be no more than one year old measured from the date of the evaluation to the date of the current application.

**Comprehensive documentation:** Medical or other documentation must be comprehensive. The medical documentation must be sufficient to establish a disability under the ADA and to establish a need for testing accommodations. **Any accommodation request should be tied specifically to a functional limitation that supports the need for the accommodation.** If the request is based on a learning disability, ADHD, or other cognitive disorder, the applicant should provide copies of any available historical documentation that can establish a childhood onset (i.e. elementary school) of symptoms and impairment. These early symptoms and impairments should be documented beyond self-report, and may include such items as elementary school report cards, teacher comments, individualized education plans (IEP's), 504 plans, and documentation from tutors or learning specialists. Medical documentation concerning the applicant's first formal diagnosis is also helpful and should be provided where available. It may also be helpful to provide narrative information from third parties who have known the applicant well, such as parents, spouses, professors, special education specialists, or others, and who can describe their observations of the applicant's behavior in managing his or her disability and functional limitations.