

**FORM B-ADHD
NEW HAMPSHIRE BAR EXAMINATION
NONSTANDARD TESTING ACCOMMODATIONS**

**DOCUMENTATION FOR APPLICANTS REQUESTING ACCOMMODATIONS FOR ADHD
(To be completed by a qualified professional)**

Dear Qualified Professional: The New Hampshire Board of Bar Examiners requires an applicant seeking nonstandard testing accommodations for the New Hampshire Bar Examination to support his or her request with a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant. An applicant with Attention Deficit Hyperactivity Disorder (ADHD) must meet full, standard DSM-IV-TR (or most current version) diagnostic criteria for ADHD determination, and must provide evidence that the diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of impairment. Medical or other documentation must be sufficiently recent to demonstrate a current impairment. (See note at the end of this form for the definitions of current and comprehensive documentation). Any request for accommodation should be tied specifically to a functional limitation that supports the need for accommodation. For ADHD, the report and testing should be no more than three years old to be considered current. 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 New Hampshire Bar Examination. Please return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission to the Board. Thank you.

(Please Type or Print Legibly)

Applicant Name:	
Summary of diagnosis.	

I. Evaluator/Qualified Professional:

Professional's Name:		
Degree, Occupation, & Specialty:		
License/Certification Number:		
Address:		
Email:		
Telephone Number:		Fax Number:

Please describe your qualifications and experience in diagnosing and/or verifying the applicant's condition and recommending accommodations:

II. Diagnosis and Current Functional Limitations

1. Provide the date the applicant was first diagnosed with ADHD. _____

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. Describe the applicant's **current** symptoms of ADHD 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.

6. Describe the applicant's symptoms of ADHD 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, K-12 teacher comments, tutoring evaluations, treatment interventions, behavior modification programs, etc.

III. Attach A Comprehensive Evaluation Report

The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on taking the New Hampshire Bar Examination. The Board of Bar Examiners generally requires documentation from an evaluation conducted within the last three years to establish the current impact of the disability. The diagnostic criteria as specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth or Fifth Edition* (DSM-IV or DSM-5) are used as the basic guidelines for determination of an ADHD diagnosis. The diagnosis depends on objective evidence of ADHD 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.

- A. Sufficient numbers of symptoms (delineated in DSM-IV or DSM-5) 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.
- B. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.
- C. 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.
- D. A determination that the symptoms of ADHD are not a function of some other mental disorder (such as a mood, anxiety, or personality disorder; psychosis; substance abuse; low cognitive ability; etc.).
- E. Indication of the specific ADHD diagnostic subtype: predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

IV. Formal Testing

Psychological testing and self-report checklists cannot be used as the sole indicator of ADHD 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 ADHD (inattention, working memory, etc.).

1. Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by ADHD symptoms? Yes No

If yes, briefly explain the nature and magnitude of the impairment.

2. Was testing performed that rules out cognitive factors as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems? Yes No

If yes, briefly describe the findings. If not, why not?

3. Was testing performed, or interview data collected, 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? Yes No

If yes, briefly describe the findings.

4. Please provide evidence that you adequately ruled out alternative explanations for the ADHD symptoms.

V. ADHD Treatment

Is the applicant currently being treated for ADHD? Yes No

If yes, describe the types of treatment, including any medication. If no, explain why treatment is not being pursued.

VI. 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:

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.

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.

D. Separate Room

Are you recommending 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.

E. Other Arrangements

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.

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. For individuals with a documented history since childhood of learning disabilities, ADHD, or other cognitive disorders, documentation no more than five years old will be considered.

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.