



District of Columbia Court of Appeals
Committee on Admissions
430 E Street N.W. Room 123
Washington, D.C., 20001

Request for District of Columbia Bar Examination
Testing Accommodations

Phone: (202) 879-2710
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Guidelines for Medical Documentation of ADHD

I. Introduction

The Committee on Admissions (Committee) is committed to providing reasonable and appropriate accommodations to examinees with documented disabilities who demonstrate a need for accommodations in accordance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). The ADAAA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

To support a request for test accommodations, applicants must submit a current diagnostic report prepared by a qualified professional that is on letterhead, typed in English, dated, and signed. The report must establish the nature and existence of the applicant's disability, establish his or her current functional limitations, and provide a rationale for each accommodation requested. The current functional limitations caused by the impairment must be relevant to taking the bar exam, and the requested accommodations must be necessary to ameliorate the current limitations.

A summary checklist is provided at the end of these guidelines for quick reference.

The term ADHD is used herein to refer to all presentations of the disorder (combined type, predominantly inattentive type, predominantly hyperactive/impulsive type).

II. Description of the District of Columbia Bar Examination Administered Under Standard Conditions

The D.C. Bar Exam is a two-day, twelve-hour hour timed examination that consists of three different types of tests. The Multistate Essay Examination (MEE) and the Multistate Performance Test (MPT), and the Multistate Bar Examination (MBE). The MBE is administered in paper -and-pencil format in a proctored setting. Most examinees complete the examination in the allotted time. The test consists of 200 multiple - choice questions. Examinees record their answers by darkening circles on a Scantron answer sheet using a number 2 pencil.

The Multistate Essay Examination (MEE) and the Multistate Performance Test (MPT) are administered in either paper and pencil format, or via laptop computer supplied by the applicant. The MEE consists of six essay questions. Examinees write their answers in a text booklet or type their answers on a laptop computer. The MPT consists of two essay questions. Examinees write their answers in a text booklet or type their answers on a laptop computer.

Examinees are assigned seats in a quiet environment. Examinees may bring medication, glucose tablets or gel, or medical aids that are necessary to ambulate (cane, crutches, walker, wheelchair, service animal, prosthetic limb, cast, brace, or sling), are necessary to communicate (hearing aid, voice amplifier), or are required for medical or health reasons (heart monitor, insulin pump, glucose monitor, blood sugar testing kit, Epinephrine auto-injector, TENS unit), provided that use of such items will not necessitate any deviation from the standard test policies or schedule.

The Essential Components

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of ADHD, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis of ADHD and other psychiatric disorders are essential. If multiple diagnoses are given, the professional must be

qualified to make all diagnoses. Please be aware that we will not grant accommodations based on medical evaluations conducted by family members because of the inherent conflict of interest associated with such an arrangement.

II. Substantiate the Diagnosis and Current Functional Limitations

Objective evidence of a substantial limitation in a major life activity related to taking the bar exam must be provided. The documentation must validate the need for accommodations based upon the applicant's current level of functioning.

A. A Diagnostic Interview

The report should include a summary of the information obtained from the diagnostic interview to substantiate the applicant's ADHD diagnosis and current functional limitations. In addition to the applicant's self-report, the information should include objective historical and current evidence from third-party sources such as rating scales filled out by parents, teachers, or others; job performance evaluations; third-party interviews; historical information garnered from transcripts, teacher comments, tutoring evaluations, and report cards; and IEPs or 504 Plans, if any. The diagnostic interview, with information from a variety of sources, should include, but not necessarily be limited to:

- history of presenting ADHD symptoms, including evidence of non-remitting symptoms that have interfered with functioning over time and evidence of symptom presentation prior to age 12;
- developmental history;
- family history for the presence of ADHD and other educational, learning, physical, or psychological difficulties;
- thorough academic history, including elementary, secondary, and postsecondary education, as well as performance on standardized tests such as the SAT, ACT, and LSAT, IEPs, 504 Plans, report cards, and accommodations previously utilized, if any;
- relevant medical history, including the absence of a medical basis for the symptoms , effects of medication (positive or negative), and whether prescribed medication had been taken at the time of the evaluation;
- relevant psychosocial history and interventions;
- relevant employment history;
- review of any prior neuropsychological or psychoeducational test reports;
- current symptoms that have been present for at least the past six months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

B. Specification of DSM Criteria

The report must include a review of the diagnostic criteria for ADHD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) both currently and retrospectively. The report must demonstrate a persistent pattern of clinically significant symptoms that interfere with functioning. It should identify which symptoms have persisted for at least six months and specify which symptoms were present prior to age 12 years. There must be clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning, and several symptoms must be present in two or more settings. The report should specify if symptoms are in partial remission, and should also specify the current severity of symptoms (mild, moderate, or severe).

C. Neuropsychological Assessment May Be Helpful

A neuropsychological or psychoeducational assessment may be helpful to identify functional limitations and provide a rationale for the requested accommodations. Test scores or subtest scores from assessment measures alone do not establish the presence or absence of ADHD.

However, they can serve to supplement the diagnostic profile and help determine the degree to which the ADHD currently impacts the applicant relative to taking standardized tests like the bar examination.

The report must demonstrate the current impact of ADHD on the applicant's major life activities that affect his or her ability to take the bar examination under standard conditions.

The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual circumstances of the applicant, sound clinical judgment, and prevailing professional practices. The assessment might include testing of aptitude, achievement, processing speed, fluency, executive functioning, language, memory, attention, etc. Given the circumscribed nature of the MPRE, the test battery might specifically include current levels of academic functioning in reading (decoding and comprehension) and processing measures that relate to the processing of words and sentences presented visually. (Age-based standard scores must be provided, not just raw scores or percentiles.)

D. Include a Specific Diagnosis

The report must include a specific diagnosis of ADHD (including the subtype or presentation) based on the DSM diagnostic criteria (DSM-IV-TR or DSM-5).

Note: the DSM-5 diagnosis of 314.01 Unspecified ADHD may not support a request for accommodations, as sufficient information must be provided to establish the presence of a mental impairment that substantially limits the applicant in a major life activity to qualify under the ADAAA. The qualified professional should provide a rationale and supportive data to substantiate the diagnosis. It is not sufficient for a current evaluation report to simply refer to a prior diagnosis as confirmatory evidence of ADHD. The current assessment needs to reconfirm the diagnosis with supportive clinical data. Furthermore, a positive response to medication by itself does not constitute a diagnosis; nor does the use of medication in and of itself either support or negate the need for accommodation.

E. Rule Out Alternative Diagnoses or Explanations

Given the high rate of co-morbidity, the report should investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, or personality disorders, etc., and/or other health issues that may confound the diagnosis of ADHD (e.g., substance abuse, sleep management, etc.). This process should explore not only possible alternative diagnoses, but also educational and cultural factors impacting the applicant that can mimic ADHD.

F. Interpret and Discuss Diagnostic Findings

A well-written interpretation of findings is necessary. An ADHD diagnosis is in many ways based upon the integration of relevant historical information and observation, as well as other diagnostic findings; therefore, it is essential that the evaluator's professional judgment be used.

G. Medication

The report should indicate whether medication has been tried as a method of treatment, and, if so, what results were obtained. If the applicant is prescribed medication for ADHD, the report should include whether or not the applicant was taking the medication at the time of evaluation. If the applicant was not taking prescribed medication, explain why not, if relevant and appropriate. If medication is helpful in remediating symptoms, documentation of residual impairment is necessary to determine appropriate accommodations.

III. Each Accommodation Recommended Must Include a Rationale

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations. The report should include a review of prior accommodations utilized by the applicant (e.g., for standardized examinations such as the LSAT, ACT, or SAT; school examinations; licensing or certification examinations; classroom; etc.) and the extent to which the accommodations met the applicant's needs. It is important to recognize, however, that accommodation needs can change over time and in different settings.

IV. Documentation Must Be Current

The provision of reasonable accommodations is based upon clear evidence of the current impact of the disability on a major life activity that affects the applicant's ability to take the bar examination under standard conditions. In most cases, this means that a diagnostic evaluation has been completed within the past three years. An evaluation that is more than three years old may be considered if it is applicable to the current setting of taking the bar examination and it was conducted when the applicant was an adult (age 17 or older). If it does not adequately address the applicant's current level of functioning and need for accommodations, reevaluation may be necessary. If changes in the applicant's performance have been observed or any treatments have been prescribed or discontinued since the evaluation was conducted, it may be necessary to update the report. An update should include a summary of the original findings, as well as additional clinical data necessary to establish the applicant's current functional limitations and the appropriateness of the requested testing accommodation(s) in the context of taking the D.C. Bar exam. The updated report should include the following:

- A restatement of the current diagnosis, including date(s) for all prior diagnoses and data that were used to establish the diagnosis. **Evidence regarding prior diagnoses should be more than a self-report by the applicant.**
- Verification of ongoing clinically significant symptoms, including residual symptoms that have not responded to medication or other treatment.
- A statement about current functional limitations caused by ADHD, including information regarding the impact on the applicant's academic performance in general and ability to take the bar examination in particular.
- Observational data of behavior such as affect, concentration, attention fatigue, executive functioning, and fluency. The extent of retesting required for an update is applicant-specific and depends on how closely the initial evaluation report complies with the prevailing professional standards and these documentation guidelines. If the applicant intends to take medication during the bar examination, retesting should be done while on medication to determine the level of residual impairment. Additional assessment data for an ADHD update might include the following:
 - Achievement measures that substantiate the ongoing impact of the disability on academic performance. The updated evaluation need not include a full battery of tests, but may include academic achievement test batteries or selected subtests.
 - Aptitude assessment is necessary only if the existing documentation does not contain adequate and age-appropriate information to establish the disability status. An update of intellectual functioning is generally not necessary if the WAIS-IV(or a comparable measure) was used in the past, given that intellectual functioning is typically stable in adulthood.

V. Checklist for ADHD Medical Documentation

1. A comprehensive diagnostic interview
2. Objective historical and current information drawn from third-party-sources
3. A review of the DSM diagnostic criteria both currently and retrospectively
4. A neuropsychological, psychological, or psychoeducational assessment that elucidates current functional limitations caused by ADHD, including current levels of academic functioning in reading (decoding and comprehension) and processing measures that relate to the processing of visually presented words and sentences
5. Age-based standard scores for all normed measures
6. A specific diagnosis that includes documentation of severity
7. A rule out of alternative diagnoses or explanations
8. A discussion of whether medication has been tried as a method of treatment, its effectiveness, and residual symptomatology
9. An interpretation and discussion of diagnostic findings
10. A rationale for each requested accommodation that is correlated with specific functional limitations established through the evaluation process from test results and clinical observations
11. A discussion of prior accommodations used and the extent to which those accommodations met the applicant's needs



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Guidelines for Medical Documentation of Learning Disabilities

I. Introduction

The District of Columbia Court of Appeals and the Committee on Admissions (Committee) is committed to providing reasonable and appropriate accommodations to examinees with documented disabilities who demonstrate a need for accommodations in accordance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). The ADAAA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

To support a request for test accommodations, applicants must submit a current diagnostic report prepared by a qualified professional that is on letterhead, typed in English, dated, and signed. The report must establish the nature and existence of the applicant's disability or disabilities, establish his or her current functional limitations, and provide a rationale for each accommodation requested. The current functional limitations caused by the impairment must be relevant to taking the MPRE, and the requested accommodations must be necessary to ameliorate the current limitations.

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Examinees are assigned seats in a quiet environment. Examinees may bring medication, glucose tablets or gel, or medical aids that are necessary to ambulate (cane, crutches, walker, wheelchair, service animal, prosthetic limb, cast, brace, or sling), are necessary to communicate (hearing aid, voice amplifier), or are required for medical or health reasons (heart monitor, insulin pump, glucose monitor, blood sugar testing kit, Epinephrine auto-injector, TENS unit), provided that use of such items will not necessitate any deviation from the standard test policies or schedule.

The Essential Components

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of specific learning disabilities (LD), and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and

relevant experience with adolescent and adult LD populations are essential. If multiple diagnoses are given, the professional must be qualified to make all diagnoses. Please be aware that we will not grant accommodations based on medical evaluations conducted by family members because of the inherent conflict of interest associated with such an arrangement.

II. Substantiate the Diagnosis and Current Functional Limitations

Objective evidence of a substantial limitation in learning must be provided. The documentation must validate the need for accommodations based upon the applicant's current level of functioning.

A. Diagnostic Interview

The report should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. Since learning disorders commonly manifest during childhood (though not always formally diagnosed), relevant historical information regarding the applicant's academic history and learning processes in elementary, secondary, and post-secondary education should be investigated and documented. In addition to an applicant's self-report, the information should include objective historical and current evidence obtained from third-party sources such as third-party interviews; academic transcripts, teacher comments, tutoring evaluations, and report cards; and IEPs or 504 Plans, if any. The diagnostic interview should include, but not necessarily be limited to:

- description of the presenting problem(s);
- developmental history, including milestones such as language and speech acquisition and early motor skill development;
- relevant medical history, including the absence of a medical basis for the symptoms;
- academic history, including applicable results of prior standardized testing, classroom performance, study habits and attitudes, notable trends in performance, and participation in special programs such as special-education classes, pull-out classes, or programs for gifted students;
- relevant family history, including primary language of the home and the applicant's current level of fluency in English;
- relevant psychosocial history;
- relevant employment history;
- discussion of pre-existing or coexisting disorders, including behavioral, medical, neurological, and/or personality disorders, along with any history of medication use and current medication that may impact the applicant's learning;
- description of auxiliary aids, services, and accommodations previously used, and consistency and circumstances of use;
- if available, documentation of an Individualized Education Program (IEP) and/or a 504 Plan;
- an exploration of possible alternative conditions that may mimic a learning disability when, in fact, one is not present (e.g., motivational problems).

B. Assessment

The neuropsychological, psychological, or psychoeducational evaluation must provide clear evidence that a specific learning disability exists. The assessment must consist of a comprehensive battery of tests that does not rely on any single test or subtest. Any resulting diagnosis must be based upon a clinical synthesis of the individual's history, school reports, and the comprehensive assessment.

The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual circumstances of the applicant, sound clinical judgment and prevailing professional practices. The tests used must be appropriately normed for the age of the applicant and must be administered in the standardized manner. Age-based standard scores, as well as the form of the test used, must be provided for all normed measures. Percentiles alone are not acceptable. It is helpful to list all test data in a score summary sheet appended to the report.



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Guidelines for Medical Documentation of
Physical and Chronic Health Related Disabilities

I. Introduction

The Committee on Admissions (Committee) is committed to providing reasonable and appropriate accommodations to examinees with documented disabilities who demonstrate a need for accommodations in accordance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). The ADAAA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

To support a request for test accommodations, applicants must submit a current clinical or diagnostic report prepared by a qualified professional that is on letterhead, typed in English, dated, and signed. The report must establish the nature and existence of the applicant's disability or disabilities, establish his or her current functional limitations, and provide a rationale for each accommodation requested. The current functional limitations caused by the impairment must be relevant to taking the D.C. BAR EXAM, and the requested accommodations must be necessary to ameliorate the current limitations.

A summary checklist is provided at the end of these guidelines for quick reference.

Physical and chronic health-related disabilities may be impairments of short or long duration or may be episodic impairments for which the functional limitations can be documented over time.

II. Description of the D.C. Bar Exam Administered Under Standard Conditions

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The Multistate Essay Examination (MEE) and the Multistate Performance Test (MPT) are administered in either paper and pencil format, or via laptop computer supplied by the applicant. The MEE consists of six essay questions. Examinees write their answers in a text booklet or type their answers on a laptop computer. The MPT consists of two essay questions. Examinees write their answers in a text booklet or type their answers on a laptop computer.

Examinees are assigned seats in a quiet environment. Examinees may bring medication, glucose tablets or gel, or medical aids that are necessary to ambulate (cane, crutches, walker, wheelchair, service animal, prosthetic limb, cast, brace, or sling), are necessary to communicate (hearing aid, voice amplifier), or are required for medical or health reasons (heart monitor, insulin pump, glucose monitor, blood sugar testing kit, Epinephrine auto-injector, TENS unit), provided that use of such items will not necessitate any deviation from the standard test policies or schedule.

The Essential Components

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses, offering clinical judgments specific to physical or chronic health-related disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Appropriate licensure or certification as well as comprehensive training and relevant expertise in the specialty are essential. If multiple diagnoses are given, the evaluator must be qualified to make all diagnoses.

Please be aware that we will not grant accommodations based on medical evaluations conducted by family members because of the inherent conflict of interest associated with such an arrangement.

II. Substantiate the Diagnosis and Current Functional Limitations

- a comprehensive diagnostic report must be provided that includes the following information:
- a specific, professionally recognized diagnosis;
- a description of the diagnostic criteria and/or diagnostic tests used and a detailed interpretation of test results;
- relevant educational, developmental, and medical history;
- the history of presenting symptoms, date of onset, and their duration and severity;
- a description of the expected progression or stability of the disability or condition, including information on whether it is permanent, temporary, progressive, or fluctuating, and, if applicable, any known or suspected environmental triggers to episodes;
- assessment of current functional limitations and how those limitations restrict the condition, manner, or duration of the applicant's performance of major life activities compared to most people;
- a description of current treatment, assistive devices, auxiliary aids, medications, and/or strategies used by the applicant to ameliorate the impact of the functional limitations and the effectiveness thereof.

III. Each Accommodation Recommended Must Include a Rationale

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations.

The report should include a review of prior accommodations utilized by the applicant (e.g., for standardized examinations such as the LSAT, ACT, or SAT; school examinations; licensing or certification examinations; classroom; etc.) and the extent to which the accommodations met the applicant's needs. It is important to recognize, however, that accommodation needs can change over time and in different settings.

IV. Documentation Must Be Current

The provision of reasonable accommodations is based upon clear evidence of the current impact of the disability on a major life activity that affects the applicant's ability to take the D.C. BAR EXAM under standard conditions. Because of the changing manifestations of some physical disabilities and chronic health conditions, it is essential that the applicant provide recent and appropriate documentation. The documentation must address the applicant's present level of functioning and the need for accommodations in the context of taking the D.C. Bar Exam. This is important because an individual's presentation and performance may vary over time even if the diagnosis remains unchanged.

If the applicant's disability is permanent or unchanging in nature, a report from the most recent medical evaluation may suffice if it establishes the functional impact of the disability, indicates that it is permanent or unchanging, and provides the information discussed in these Guidelines.

If the applicant's disability is of recent onset, or temporary, fluctuating, episodic, or transitory in nature, the report typically should be from an evaluation conducted within the preceding 12 months. A report that is older than 12 months may be acceptable if it is accompanied by a letter from the professional providing an update on the diagnosis, the applicant's current level of functioning, changes since the last evaluation, and current

treatment. If applicable, the letter may simply address why a report older than 12 months continues to be relevant in its entirety.

If the applicant is requesting the accommodation of extended testing time on the basis of cognitive impairment caused by the disability or by medication taken for the disability, the request may need to be supported by a brief but well-conceived psychological test battery. Obtaining standardized measures of performance on academically relevant tasks may help to objectively demonstrate the need for the requested accommodations. Test results must be reported using age-based norms where available, and all standard scores must be provided.

V. Checklist for Physical and Chronic Health-Related Disability Medical Documentation

- A specific, professionally recognized diagnosis and description of the diagnostic criteria and/or diagnostic tests used, with a detailed interpretation of all test results
- Relevant educational, developmental, and medical history
- The history of presenting symptoms, including date of onset, duration, and severity
- A description of the expected progression or stability of the disability, including whether it is permanent, temporary, progressive, or fluctuating
- Any known or suspected environmental triggers to episodes, if applicable
- Assessment of current functional limitations
- A description of how the current functional limitations restrict the condition, manner, or duration of the applicant's performance of major life activities as compared to most people in general, and specifically with respect to taking the D.C. Bar Exam
- Current treatment, assistive devices, auxiliary aids, medications, and/or strategies the applicant uses to ameliorate the impact of any functional limitations and the effectiveness thereof
- A rationale for each requested accommodation that is correlated with specific functional limitations established through the evaluation process from test results and clinical observations
- A discussion of prior accommodations used and the extent to which those accommodations met the applicant's needs.



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Guidelines for Medical Documentation of Psychological Disabilities

Introduction

The District of Columbia Court of Appeals Committee on Admissions (COA) is committed to providing reasonable and appropriate accommodations to examinees with documented disabilities who demonstrate a need for accommodations in accordance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). The ADAAA and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

To support a request for test accommodations, applicants must submit a current diagnostic report prepared by a qualified professional that is on letterhead, typed in English, dated, and signed. The report must establish the nature and existence of the applicant's disability or disabilities, establish his or her current functional limitations, and provide a rationale for each accommodation requested. The current functional limitations caused by the impairment must be relevant to taking the MPRE, and the requested accommodations must be necessary to ameliorate the current limitations.

A summary checklist is provided at the end of these guidelines for quick reference. The term "psychological disabilities" is used herein to refer to a range of syndromes and conditions characterized by different types and degrees of emotional, developmental, cognitive, and/or behavioral manifestations.

II. Description of the D.C. Bar Examination Administered Under Standard Conditions

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The Essential Components

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering diagnoses of psychological disorders, and making recommendations for appropriate accommodations must be qualified to do so. Appropriate licensure or certification as well as comprehensive training and relevant expertise in diagnosis of psychiatric disorders

are essential. Please be aware that we will not grant accommodations based on medical evaluations conducted by family members because of the inherent conflict of interest associated with such an arrangement.

II. Substantiate the Diagnosis and Current Functional Limitations

A comprehensive evaluation or diagnostic report must be provided that includes the following information:

- a specific diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5);
- description of current symptoms across settings (school, work, social, etc.), including the frequency, duration, and severity of symptoms;
- relevant information regarding psychotropic medications expected to be in use during the bar exam administration and the anticipated impact on the applicant in this setting; and
- relevant information about current treatment and its effectiveness.

A. Diagnostic Interview and/or Psychological Assessment

The professional who conducts the assessment must complete a clinical evaluation addressing all DSM criteria. Behavioral observations, combined with the clinician's professional judgment and expertise, are critical in formulating a diagnostic impression. The information collected for the diagnostic evaluation should include, but not be limited to, the following:

- history of presenting symptoms when the disability is active (e.g., palpitations, sweaty palms, disoriented thinking, mental fatigue);
 - onset, duration, and severity of symptoms (including a description that distinguishes common test-taking anxiety from a diagnosed condition);
 - relevant developmental, historical, and familial data (including any hospitalization, outpatient treatment, and mental health services);
 - relevant medical and medication history, including the individual's current medication regimen, compliance, side effects (if relevant), and positive and negative response(s) to medication;
 - current functional limitations in academic, social, or employment settings, with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables; and
 - expected progression or stability of the impact of the condition over time, if relevant to test-taking performance
- The evaluator should administer clinical rating scales as necessary to corroborate the severity of the diagnosed disorder. Effort testing to identify possible malingering may be appropriate.

B. Cognitive Impairment

If the applicant is requesting the accommodation of extended testing time on the basis of cognitive impairment caused by the disability or by medication taken for the disability, the claim should be supported by a brief but well - conceived psychological test battery. Obtaining standardized measures of performance on academically relevant tasks may help to objectively demonstrate the need for the requested accommodations.

Test results must be reported using age-based norms where available, and standard scores must be provided.

III. Each Accommodation Recommended Must Include a Rationale

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations.



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Guidelines for Medical Documentation of Visual Disabilities

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The Essential Components

I. A Qualified Professional Must Conduct the Evaluation

Typically, an optometrist or ophthalmologist is qualified to provide supporting documentation for visual disabilities. Depending on the accommodations requested and the rationale given for those accommodations, however, a psychologist or a learning or reading specialist with relevant training and experience may also be needed to provide documentation addressing the functional impact of the disability on processing speed, reading, and/or test taking and provide standardized measures of reading rate and processing speed.

Please be aware that we will not grant accommodations based on medical evaluations conducted by family members because of the inherent conflict of interest associated with such an arrangement.

II. Substantiate the Diagnosis and Current Functional Limitations

Objective evidence of a substantial limitation in a major life activity related to taking the D.C. BAR EXAM must be provided. The documentation must validate the need for accommodations based upon the applicant's current level of functioning. In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that follows these guidelines and includes the following information, as relevant to the applicant's condition:

- the current diagnosis, including a statement as to whether the condition is progressive or stable
- best corrected visual acuities for distance and near vision
- eye health
- visual fields: threshold fields, not confrontation (provide measurements and copies of reports)
- binocular evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. (specify whether difficulty with distance, near point, or both)
- accommodative skills at near point, with and without lenses (provide measurements)
- oculomotor skills: saccades, pursuits, tracking
- clinical observations
- a description of current functional limitations in major life activities and specifically in taking the D.C. BAR EXAM or similar tests
- relevant information about current treatment and its effectiveness

NOTE: if the applicant is legally blind and will test exclusively with tactile or auditory input (Braille, reader, or audio CD recording), making no use of visual material, the qualified professional need only provide the current diagnosis and visual acuity.

III. Each Accommodation Recommended Must Include a Rationale

The report must include specific recommendations for accommodation(s). A detailed explanation supporting the need for each requested accommodation must be provided and correlated with specific functional limitations established through the evaluation process from test results and clinical observations. It may be necessary to include standardized measures of reading rate and comprehension from an assessment performed by a psychologist, learning or reading specialist, or other qualified professional.

The report should include a review of prior accommodations utilized by the applicant (e.g., for standardized examinations such as the LSAT, ACT, or SAT; school examinations; licensing or certification examinations; classroom; etc.) and the extent to which the accommodations met the applicant's needs. It is important to recognize, however, that accommodation needs can change over time and in different settings.

IV. Documentation Must Be Current

The provision of reasonable accommodations is based upon clear evidence of the current impact of the disability on a major life activity that affects the applicant's ability to take the D.C. BAR EXAM under standard conditions. Some visual conditions are of a permanent or unchanging nature. In such cases, a simple statement

from the optometrist or ophthalmologist of the diagnosis and the functional limitations might suffice.

Because of the changing manifestations of many visual conditions, however, a diagnostic evaluation completed within the past three years is typically necessary. If the diagnostic report is more than three years old, the applicant should submit a letter from a qualified professional that provides an update of the diagnosis, a description of the severity of the functional impact of the disability on reading as well as on other major life activities, and a rationale for each requested accommodation. The nature, severity, and extent of the applicant's condition and the functional limitations as they relate to taking the D.C. BAR EXAM, or a similar test, must be addressed.

The recommended accommodations should not be supported solely by a history of prior accommodations or self-report. If applicable, the qualified professional may simply address why older documentation continues to be relevant.