

**COMMITTEE ON BAR ADMISSIONS
SUPREME COURT OF LOUISIANA**

**INSTRUCTIONS FOR APPLICATION FOR
REASONABLE TESTING ACCOMMODATIONS
FOR THE LOUISIANA BAR EXAMINATION**

The Committee on Bar Admissions provides reasonable and appropriate testing accommodations in accordance with the Americans with Disabilities Act for those applicants with proven disabilities and a demonstrated need for a specific accommodation for the Louisiana Bar Examination. The purpose of this application process is to protect the integrity of the Louisiana Bar Examination and provide equal access to the testing process.

The burden of proof remains at all times with the applicant to show the existence of a disability and the demonstrated need for testing accommodations. Costs incurred in establishing the existence of a disability and the needs for accommodation are the responsibility of the applicant. However, no charges will be assessed to individuals with disabilities to cover the costs of testing accommodations approved by the Committee on Bar Admissions.

The Americans with Disabilities Act authorizes the Committee on Bar Admissions to require specific documentary proof of a disability and to establish procedures to evaluate that documentation relative to the accommodation issue. In accordance with that authority, the Committee on Bar Admissions has promulgated the attached forms, which must be fully completed, in order to be considered for an accommodation. As part of the application process, statements from licensed physicians or professional health care providers specifically setting forth the applicant's condition and the relationship between that condition and the inability to take the examination under standard conditions will also be required. Additionally, the Committee may require further information or evidence from the applicant and retains at all times the right to seek professional evaluation of any information provided by the applicant.

In order for a request for reasonable testing accommodations to be considered, forms and supporting documents pertaining to the request must be received on or before November 1st for the February bar exam, or on or before February 1st for the July exam as set forth in the Rules Governing Admission to Practice Law in Louisiana. The forms packet contains:

Form No. 1 -- Application for Reasonable Testing Accommodations for the Louisiana State Bar Examination: Every applicant for testing accommodations must complete and file this form.

Form No. 2 -- Physical Disability Verification Form: This form must be filed simultaneously with the filing of the application for the specific exam being taken if the medical condition to be accommodated is a physical disability. Submit this form to a licensed physician for completion. Documentation submitted should be recent,

preferably less than three years prior to the date the application is filed. However, the Committee on Bar Admissions, in its discretion, may accept older documentation of conditions, which are permanent

Form No. 3 -- Learning Disability Verification Form: This form must be filed simultaneously with the filing of the application for the specific exam being taken if the medical condition to be accommodated is a learning disability. Submit this form to your licensed physician or qualified health care provider for completion. This form must be accompanied by copies of a comprehensive psychoeducational or neurological assessment which has been conducted within three years of the filing of the application for the bar exam for which you are applying.

Form No. 4 -- Attention Deficit/Hyperactivity Disorder (ADHD) Verification Form: This form must be filed simultaneously with the filing of the application for the specific exam being taken if the medical condition to be accommodated is ADD/ADHD. Submit this form to a licensed psychiatrist or licensed psychologist for completion. Copies of a comprehensive assessment documenting diagnosis and treatment consistent with Form No. 4 guidelines must accompany this form. This comprehensive assessment must have been conducted within three (3) years of filing this application.

Form No. 5 -- Statement of Law School Official: This form must be submitted by those applicants for testing accommodations who requested accommodations in law school, whether granted or not. The form must be filed simultaneously with the filing of the application for the specific exam being taken. Submit this form to the appropriate official at your law school. If you attended more than one law school, forms must be completed for each school attended.

Form No. 6 -- Statement of Other Bar Jurisdiction: This form must be filed simultaneously with the filing of the application for the specific exam being taken only if you have applied to take a bar examination in another jurisdiction. Submit the form to the appropriate bar admission official.

It is your responsibility to ensure that all applicable forms are completed and all required documentation is timely submitted. It is also your responsibility to see that all forms and all required documentation are filed with the Committee on Bar Admissions. Your application must arrive with the required attachments, as detailed on each form, and it must be filed on or before November 1st for the February bar exam, or on or before February 1st for the July exam. No extensions of time will be granted, and no officials of the Committee on Bar Admissions are authorized to grant any extensions.

After your application and all required information has been submitted and evaluated, you will receive correspondence informing you as to whether your request for testing accommodations has been granted. If your application is granted, the letter will detail the specific accommodations granted.

Questions about this process should be directed to Director of Bar Admissions, Louisiana Committee on Bar Admissions, 2800 Veterans Memorial Blvd., Suite 310, Metairie, Louisiana 70002.

**LOUISIANA BAR EXAMINATION
FORM NO. 1
APPLICATION FOR REASONABLE TESTING ACCOMMODATIONS**

This application, together with all applicable forms and documentation, must be filed at the same time you submit the examination application. Requests must be supported by documentation certifying the existence of a disability from a professional(s) qualified to evaluate and diagnose the condition. Failure to do so will result in the application not being processed.

I. BACKGROUND

Full Name: _____

Mailing Address: _____

Telephone No: _____

Social Security No: _____

Exam Date: February _____ July _____

II. NATURE OF DISABILITY

A. Please check all that apply:

Hearing Disability

Visual Disability

Learning Disability

Attention Deficit

Physical Disability

Hyperactivity Disorder

Other Psychiatric or Physical Disability

(specify) _____

B. Provide on a separate sheet a detailed statement describing the history, nature, extent, and current status of your condition. Describe in detail any major life activities which are substantially limited by the condition at the current time. If none, please state.

C. Date last consulted with medical professional for this condition:

III. MEDICAL PROFESSIONALS

List all medical professionals consulted for the condition(s) for which you seek testing accommodation, the dates consulted, the diagnosis rendered, the course of treatment, and the duration of any course of treatment.

IV. ACCOMMODATION HISTORY

A. High School:

1. Were you in a special school or a program to accommodate your condition?
Yes No
2. Did you request testing accommodations? Yes No
3. Were you authorized to receive testing accommodations?
Yes No
4. If the answer to No. 3 is "Yes," what accommodations were requested and what accommodations were granted?

B. SAT or ACT:

1. Did you take the SAT or ACT examination for entrance to college?
Yes No
2. Did you request testing accommodations? Yes No
3. Were you authorized to receive testing accommodations?
Yes No
4. If the answer to No. 3 is "Yes," what accommodations were requested and what accommodations were granted?

C. UNDERGRADUATE EDUCATION:

1. Did you request testing accommodations? Yes No
2. Were you authorized to receive testing accommodations?
Yes No
3. If the answer to No. 3 is "Yes," what accommodations were requested and what accommodations were granted?

D. LSAT:

1. Did you request testing accommodations? Yes No
2. Were you authorized to receive testing accommodations?
Yes No
3. If the answer to No. 3 is "Yes," what accommodations were requested and what accommodations were granted?

E. LAW SCHOOL:

1. Did you request testing accommodations? Yes No
2. Were you authorized to receive testing accommodations?
Yes No
3. If the answer to No. 1 is "Yes," have the enclosed Form No. 5 completed.
4. If you did not request testing accommodations in law school, describe in detail why you did not request any accommodations in law school and why you nevertheless believe you should receive accommodations for the Louisiana State Bar Examination.

V. ACCOMMODATION REQUEST

Describe the accommodation(s) you are requesting to ameliorate any test taking difficulty resulting from your medical condition.

(Use separate sheet if necessary.)

VI. CONSENT TO RELEASE OF INFORMATION AND VERIFICATION

By my signature below, I consent to and authorize the release of the information, reports, and records required in all of the accommodation forms. If clarification and/or further information regarding the documentation provided is needed, I authorize a designated representative or agent of the Committee on Bar Admissions to contact the professional(s) who diagnosed or treated my condition and/or those entities who have granted me testing accommodations in the past. I authorize such professional(s) and entities to communicate with the designated representative or agent regarding such clarification and/or further information.

I fully understand that my application for reasonable testing accommodations and all supporting documentation may be submitted to third party experts retained by the Committee on Bar Admissions, and I consent to such submission.

I certify and declare, under penalty of perjury, that the information provided with my application is true and correct. I acknowledge that my application will not be considered unless all application forms and required documentation are fully completed and filed no later than the time I file the application for the bar examination.

Signature

Date

**LOUISIANA STATE BAR EXAMINATION
FORM NO. 2
PHYSICAL DISABILITY VERIFICATION FORM**

NOTICE: This form must be completed by a licensed physician qualified to diagnose and treat the applicant's particular condition. Please include the information requested in the space provided. It is not acceptable to answer these inquiries with a notation referring to attached records.

Note: Do not use this form to verify ADD/ADHD or learning disabilities.

A. PROFESSIONAL BACKGROUND

1. Name: _____
2. Title: _____
3. Business Address: _____

License/Certification Number: _____

2. Please describe the credentials which qualify you to diagnose and/or verify the applicant's condition for which he/she seeks accommodation.

3. Please describe your experience, training, and qualifications in the area of testing accommodations for adults.

II. APPLICANT'S CONDITION

1. Describe the current, specific diagnosis of the condition that you believe requires testing accommodations.

2. When was your last complete evaluation of the applicant's condition?

3. When was the applicant first diagnosed with the condition?

4. Describe the diagnostic criteria you used in reaching your diagnosis, including dates of examination and interpretation of the criteria.

5. Describe your treatment of the condition and any medication prescribed for the condition, and the effects of the treatment and/or medication.

6. Describe in detail any major life activities which are substantially limited by the applicant's condition at the current time. If none, please state.

7. Is the applicant's condition permanent? Yes No

8. If the condition is temporary, when do you anticipate it will abate?

C. RECOMMENDED ACCOMMODATIONS

Note: The Louisiana State Bar Examination is a three day examination and is administered on a Monday, Wednesday, and Friday. During each session, applicants are administered essay type tests consisting of essay questions in various subject matters. During each session, the applicant is provided with answer booklets, in each of which the applicant writes his/her answers to the essays. The typical physical environment consists of a large room in which several hundred applicants are seated in seats, two to a table. The examinees are not allowed to have food or drink in the testing room, but they are allowed to leave the room to go the restroom and to the water fountain. The examination schedule is as follows:

First Day - Monday

Civil Code I	8:00 a.m. - 10:00 a.m.
Civil Code II	10:30 a.m. - 12:30 p.m.
Civil Code III	2:00 p.m. - 5:00 p.m.

Second Day - Wednesday

Louisiana Code of Civil Procedure	8:00 a.m. - 10:00 a.m.
Torts	10:30 a.m. - 12:30 p.m.
Business Entities and Negotiable Instruments	2:00 p.m. - 5:00 p.m.

Third Day - Friday

Constitutional Law	8:00 a.m. - 10:00 a.m.
Criminal Law, Procedure & Evidence	10:30 a.m. - 1:00 p.m.
Federal Jurisdiction & Procedure	2:00 p.m. - 5:00 p.m.

Based on this information and the applicant’s current condition, what specific testing accommodation(s) do you recommend for the applicant, including a detailed explanation of why the accommodation is needed and how it will reduce the impact of the functional limitation(s).

D. REQUIRED DOCUMENTATION AND VERIFICATION

I have attached to this form copies of all records in my possession, custody, or control on which I have relied in completing this form. I understand that the applicant authorizes the release of these records and understand that the request for accommodations will not be processed without these records. I further acknowledge that the applicant consents to my

discussing this form or the attached documents with a representative of the Committee on Bar Admissions.

I have read the foregoing and certify that the information is true and correct.

SIGNATURE OF PHYSICIAN

DATE

**LOUISIANA STATE BAR EXAMINATION
FORM NO. 3
LEARNING DISABILITY VERIFICATION FORM**

NOTICE: This form must be completed by a licensed physician or other licensed professional qualified to diagnose and treat adults with a learning disability. Please include the information requested in the spaces provided. It is not acceptable to answer these inquiries with a notation referring to attached records; however, records are required to be submitted with the form. An applicant with a specific learning disability must have been identified by an approved psycho educational assessment process which includes data from both cognitive and achievement measures. In addition, all such testing must also:

1. Have been administered within the last three years;
2. Identify an information processing deficit;
3. Certify that the applicant's aptitude is within the normal range; and
4. Identify an aptitude -- achievement discrepancy of 1.5 standard deviation.

The diagnosis must be based on test results, history, and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests. Objective evidence of a substantial limitation to learning must be presented.

A. BACKGROUND

1. Name: _____

Title: _____

Business Address: _____

License/Certification Number: _____

2. Please describe the credentials which qualify you to diagnose and/or verify the applicant's condition for which he/she seeks accommodation.

- B. Please describe your experience, training, and qualifications in the area of testing accommodations for adults.

II. APPLICANT'S CONDITION

- A. Describe the current, specific diagnosis of the condition that you believe requires testing accommodations.

- B. When was your last complete evaluation of the applicant's condition?

- C. When was the applicant first diagnosed with the condition?

- D. Describe the specific diagnostic criteria and/or diagnostic tests used to diagnose applicant, including dates of evaluation, test results, and a detailed interpretation of test results. You must attach to this form a complete copy of the evaluation and assessment tools conducted, as well as copies of your notes and other records relating to the applicant's condition.

- E. Date cognitive assessment was completed: _____
- F. Date achievement assessment was completed: _____
- G. List applicant's test scores which document that the applicant is at least 1.5 standard deviations below aptitude.

H. State each date you have seen applicant for a consultation.

I. When was your last complete evaluation of the applicant? _____

J. What occasioned this evaluation? _____

K. Briefly describe your treatment of the condition and any medication prescribed for the condition, and the effects of the treatment and/or medication.

L. Describe in detail any major life activities which are substantially limited by the applicant's condition at the current time. If none, please state.

M. Is the applicant's condition permanent? Yes No

If the condition is temporary, when do you anticipate that it will be abate?

III. RECOMMENDED ACCOMMODATIONS

Note: The Louisiana State Bar Examination is a three day examination and is administered on a Monday, Wednesday, and Friday. During each session, applicants are administered essay type tests consisting of questions in various subject matters. During each session, the applicant is provided with answer booklets, in each of which the applicant writes his/her answers to the essays. The typical physical environment consists of a large room in which several hundred applicants are seated in seats, two to a table. The examinees are not allowed to have food or drink in the testing room, but they are allowed to leave the room to go the restroom and to the water fountain. The examination schedule is as follows:

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Torts 10:30 a.m. - 12:30 p.m.
Business Entities and Negotiable Instruments 2:00 p.m. - 5:00 p.m.

Third Day - Friday

Constitutional Law 8:00 a.m. - 10:00 a.m.
Criminal Law, Procedure & Evidence 10:30 a.m. - 1:00 p.m.
Federal Jurisdiction & Procedure 2:00 p.m. - 5:00 p.m.

Based on this testing information and the applicant's current condition, what specific testing accommodation(s) do you recommend for the applicant, including a detailed explanation of why the accommodation is needed and how it will reduce the impact of functional limitation(s).

IV. REQUIRED DOCUMENTATION AND VERIFICATION

I have attached to this form copies of all records in my possession, custody, or control on which I have relied in completing this form. I understand that the applicant authorizes the release of these records and understands that the request for accommodations will not be processed without these records. I understand that the applicant consents to my discussing this form or the attached documents with a representative of the Committee on Bar Admissions.

I have read the foregoing and certify that the information is true and correct.

SIGNATURE

DATE

**LOUISIANA STATE BAR EXAMINATION
FORM NO. 4
ADHD VERIFICATION FORM**

NOTICE: This form must be completed by a licensed psychiatrist or licensed psychologist qualified to diagnose and treat adult Attention-Deficit/Hyperactivity Disorder (ADHD). The evaluator must fill out this entire form which provides a summary of a comprehensive evaluation which must be attached. Please include the information requested in the spaces provided below. It is not acceptable to answer these inquiries with a notation referring to attached records. Comprehensive training and experience in the diagnosis of ADHD and other psychiatric disorders is necessary.

A diagnosis of ADHD must be supported by a comprehensive evaluation conducted within the last three (3) years. Neuropsychological/psychoeducational evaluation is often deemed necessary for differential diagnosis and should be included as part of the evaluation.

The information collected by the evaluator contained in the report must consist of more than self-report by the applicant. The evaluator is expected to review and discuss DSM-IV Diagnostic Criteria for ADHD (currently and retroactively) and describe in detail the extent to which the applicant meets these criteria. The report must include a specific ADHD diagnosis based on the DSM-IV criteria. A thorough diagnostic summary based on a comprehensive evaluation process is a necessary component of this application. This summary must include: (1) a demonstration of the evaluator's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors; (2) indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the lifespan and across settings are used to determine the presence of ADHD; (3) indication of the substantial limitation of learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested; and (4) an indication as to why specific accommodations are needed and how the effects of ADHD symptoms are ameliorated by the accommodations. The following is a comprehensive evaluation summary sheet. Please briefly answer each question.

A. PROFESSIONAL BACKGROUND

1. Name: _____
Title: _____
Business Address: _____

License/Certification Number: _____

2. Please describe the credentials which qualify you to diagnose and/or verify the applicant's condition for which he/she seeks accommodation.

3. Please describe your experience, training, and qualifications in the area of testing accommodations for adults.

B. APPLICANT'S CONDITION

1. When was the applicant first diagnosed with ADHD?

2. Did you make the initial diagnosis? Yes No

3. Briefly describe the applicant's current self-reported ADHD symptoms.

4. Does the applicant meet full DSM-IV criteria for:

- a. ADHD combined type? Yes No
- b. ADHD inattentive type? Yes No
- c. ADHD hyperactive impulse type? Yes No

5. Does the applicant have a documented history of childhood ADHD?

Yes No

6. If you answered "yes" to the above question, describe when ADHD was first diagnosed; if you answered "no", what objective evidence was reviewed in support of an undiagnosed childhood ADHD history?

What evidence was presented to indicate impairment from ADHD symptoms within non-academic environments? Briefly describe.

7. Is there evidence of a comorbid psychiatric condition or learning disability?

Yes No

8. If you answered "yes" to the preceding question, briefly describe.

9. Has formal cognitive and/or psychological testing been administered to the applicant?

Yes No

10. If you answered "yes" to the preceding question, attach a complete copy of the report, including test scores. If you answered "no" explain why testing was not deemed necessary to rule out comorbid problems/alternative explanations for ADHD symptoms.

11. Describe your treatment of the condition, and any medication, prescribed for the condition and the effects of the treatment and/or medication.

12. Is the applicant's condition permanent? Yes No

13. If the condition is temporary, when you anticipate it will abate?

14. What evidence has been reviewed to indicate that ADHD symptoms cause the applicant

difficulty taking tests?

15. What evidence has been reviewed to indicate that the requested accommodations ameliorate ADHD symptoms during tests?

C. RECOMMENDED ACCOMMODATIONS

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Third Day - Friday

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Federal Jurisdiction & Procedure	2:00 p.m. - 5:00 p.m.

Based on this information and the applicant's current condition, what specific testing accommodation(s) do you recommend for the applicant, including a detailed explanation of why the accommodation(s) is needed and how it will reduce the impact of functional limitation(s).

D. REQUIRED DOCUMENTATION AND VERIFICATION

I have attached to this form copies of all records in my possession, custody, or control on which I have relied in completing this form. I understand that the applicant authorizes the release of these records and understand that the request for accommodations will not be processed without these records. I further acknowledge that the applicant consents to my discussing this form or the attached documents with representative(s) of the Committee on Bar Admissions.

I have read the foregoing and certify that the information is true and correct.

SIGNATURE

DATE

**LOUISIANA STATE BAR EXAMINATION
FORM NO. 5
STATEMENT OF LAW SCHOOL OFFICIAL**

In Regards to the Accommodation Application of:

(APPLICANT)

1. I, _____, as current _____ at
(Authorized law school official) (Position)
_____ do declare and state that it is my
(Law school)
responsibility to review requests for testing accommodations at the above institution, and that
I am authorized to approve/deny such accommodation requests.

2. The above-named applicant is was in attendance at the above institution and was granted
was denied authorization to receive testing accommodations during the administration of
examinations.

3. Describe the documentation provided by the applicant in support of the request for
accommodations.

**LOUISIANA STATE BAR EXAMINATION
FORM NO. 6
STATEMENT OF OTHER BAR JURISDICTION**

In Regards to the Accommodation Application of:

(APPLICANT)

1. I, _____, as current _____ at
(Bar examination official) (Position)
_____ do declare and state that it is my
(Testing authority)
responsibility to review requests for testing accommodations for the above testing authority and that
I am authorized to approve/deny such accommodation requests.

2. The above-named applicant was granted was denied authorization to receive testing
accommodations during the administration of the bar examination(s) or
_____.
(Dates of examination).

3. Describe the documentation provided by the applicant in support of the request for
accommodations.

4. Was the accommodation information provided by the applicant reviewed by an independent
expert? Yes No
If you answered "Yes", please attach a copy of the expert's report.

