

Form E – PSYCHOLOGICAL* DISABILITY VERIFICATION

*(Including Mood, Anxiety, Panic, Obsessive-Compulsive, Trauma-Related, and Psychotic Disorders)

HEALTHCARE PROFESSIONAL FORM

I. Qualifications of the Licensed Healthcare Professional

Petition for Non-Standard Testing Accommodations for _____ (Applicant)

Licensed healthcare professional _____
 Street _____
 Street 2 _____
 City _____ State _____ ZIP _____
 Phone number _____ Fax Number _____
 Occupation/Specialty _____ / _____
 License/Certification number _____
 Name of licensing entity _____

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form E – Psychological Disability Verification) is available on the Virginia Board of Bar Examiners' website (barexam.virginia.gov/nst-petition). Legibly print or type your responses. Return this completed form to the Applicant for submission to the Board for consideration of the Applicant's request for test accommodations.

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding the merits of Petitions for Non-Standard Testing Accommodations, the Board relies upon the definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA), and as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." An applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The negative effects of corrective and mitigating measures, such as side effects of medication or burdens associated with following a particular treatment regimen, may be considered when determining whether an applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, by the body's own systems.

Merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify an applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must also show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Is the Applicant's claimed disability within your field of expertise? ____ Yes ____ No

If yes, describe the credentials that qualify you to diagnose and/or verify the Applicant's disability.

Describe the training you have had in making recommendations for specific time accommodations on licensing exams such as the Virginia Bar Exam.

II. Psychological Disability

The Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) provides criteria for mental disorders. These criteria should be used to provide evidence that the Applicant has displayed symptoms consistent with the stated diagnosis.

A mental health evaluation should provide a broad, comprehensive understanding of the Applicant's relevant background, including family, academic, social, vocational, medical, and psychiatric history. There should be a focus on the time course, treatment of the diagnosis, and current symptom burden.

1. Provide the DSM-5 diagnosis of the disability affecting the Applicant.

2. Provide the date the Applicant was first diagnosed with the disability. _____

3. Did you make the initial diagnosis? ____ Yes ____ No

If no, state the name, address, and telephone number of the professional who made the initial diagnosis.

4. Provide the date of your last complete evaluation of the Applicant. _____

5. At the time of your initial evaluation/consultation, did the Applicant have a previously documented history of the current mental or psychological disability? Yes No
If yes, state how long the Applicant has had a documented history of the disability and briefly describe.
If no, what objective evidence have you reviewed that supports a likely history of an undiagnosed disability (school reports, previous psychological test reports, parent interview, etc.)?

6. List the Applicant's current self-reported symptoms of their mental or psychological disability indicating sufficient qualification for DSM-5 criteria.

7. Are these symptoms secondary to any other disorders? Yes No
If yes, briefly describe.

8. What other diagnoses were considered?

9. How were other diagnoses ruled out?

10. Does the Applicant exhibit symptoms that interfere with or reduce the quality of their social, academic, or occupational functioning? ____Yes ____No
If yes, briefly describe.

11. Are these self-reported symptoms of the disability (Question 6), and the evidence of symptoms that interfere with or reduce the quality of their social, academic, or occupational functioning (Question 10), supported by information other than the Applicant's self-report (job evaluations, recent teacher evaluation, interviews with significant others)? ____Yes ____No
If yes, briefly describe.

12. Is the Applicant currently substantially limited in a major life activity by the diagnosed disability? ____Yes ____No
If yes, identify the major life activity and describe the substantial limitation.

13. Is the Applicant significantly restricted as to the condition, manner, or duration under which they can perform the activity as compared to the general population? ___Yes ___No
Briefly explain why or why not.

14. Is the Applicant being treated for the disability? ___Yes ___No
a. If yes, describe the type of treatment. If no, explain the rationale for not receiving treatment for this disability.

- b. If the treatment includes medication, state each medication the Applicant is taking for this disability and describe how the medication treats the disability.

- c. Summarize any negative effects the Applicant has experienced with this medication, emphasizing any that will affect their performance on the Virginia Bar Exam.

15. What remediation techniques have been attempted to alleviate the Applicant's impairment during testing? Have they worked?

16. In its current state, is the Applicant's disability temporary or permanent? ___Temporary ___Permanent
If you indicated the disability to be temporary, under what circumstances is it likely to abate?

III. Formal Testing

The list of tests below is provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary based on the individual being evaluated.

The following are self-report checklists regarding symptomatology of the various psychiatric diagnoses. Generally, they do not have very useful validity scales and are not of discerning diagnostic value, but are more useful to track symptom burden over time.

Symptoms/Symptom Severity

- Beck Depression Inventory-Second Edition (BDI-II);
- Beck Anxiety Inventory (BAI);
- Zung Self-Rating Depression Scale (SDS);
- Yale-Brown Obsessive-Compulsive Scale-Second Edition (Y-BOCS-II);
- PTSD Checklist for DSM-5 (PCL-5);
- Detailed Assessment of Posttraumatic Stress-Second Edition (DAPS-2); and
- Trauma Symptom Inventory-Second Edition (TSI-2).

The following are broad self-report measures of personality and psychopathology that are not disorder specific and have built-in validity scales. These are generally considered more comprehensive and better diagnostic tools.

Personality/Psychopathology

- Minnesota Multiphasic Personality Inventory (MMPI-3);
- Personality Assessment Inventory Plus (PAI Plus); and
- Millon Clinical Multiaxial Inventory-Fourth Edition (MCMI-IV).

1. Self-report questionnaires and checklists (BDI-II, BAI, SDS, Y-BOCS-II, PCL-5, DAPS-2, TSI-2, etc.) are helpful to quantify self-reported symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

Were symptom questionnaires and/or checklists completed? ___Yes ___No

2. Objective personality/psychopathology tests (MMPI-3, PAI Plus, MCMI-IV, etc.) are not essential if not indicated. However, they can be helpful and are strongly encouraged to assist in the clarification of the diagnosis. If not used, there should be a clear explanation why they were not deemed necessary.
Was psychological testing completed? ___Yes ___No
If yes, briefly describe how the findings support the diagnosis. If no, explain why testing was not deemed necessary to rule out other potential diagnoses.

3. If cognitive complaints are reported subjectively as part of the Applicant's symptom burden that is affecting their access to standardized testing, then cognitive testing is a helpful tool to objectively measure claims of slowed processing speed, impaired academic fluency, and distractibility, while ruling out intellectual deficit or other conditions that are potential alternative explanations for reported difficulties. In general, the Applicant who has completed law school, reporting academic distress secondary to a mental disorder, should demonstrate at least average to above average intelligence.
Was cognitive testing performed? ___Yes ___No
If yes, briefly describe how the findings support the claim of cognitive dysfunction caused by the DSM-5 diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or to establish objective evidence of a processing problem. The evaluation should indicate a concern with reliability, particularly the reliability of self-reported information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the Applicant's motivation to achieve a specified goal.
Note: In evaluating the Applicant's Petition for Non-Standard Testing Accommodations, the Board may require such tests.

4. Do you believe the Applicant's motivation level, interview behavior, and/or test-taking behavior is adequate to yield reliable diagnostic information/test results? ___Yes ___No
If yes, describe how this determination was made.

5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ___Yes ___No
If yes, explain.

6. Is there any medical or scientific study that provides data enabling you to objectively determine the amount of additional testing time needed to place the Applicant in a testing position equivalent to that of a person without this disability. ___Yes ___No
If yes, attach a copy of the study to this form and describe how the study supports the accommodations you have recommended for the Applicant.

Attach to this completed Psychological Disability Verification form a full psychological report that substantiates your diagnosis. The information in the psychological report should include the following:

- Full mental status;
- Psychosocial history (family, medical, educational, vocational, etc.);
- Differential diagnoses;
- Diagnostic formulation; and
- Prognosis.

IV. Complete Attachments

1. ACCOMMODATIONS REQUEST CHART; if applicable
2. ADDITIONAL TIME REQUEST CHART; if applicable

V. Licensed Healthcare Professional's Certification

I have attached to this Form E copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to Form E for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 West Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for non-standard testing accommodations will not be processed without these records, causing them to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

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

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's expert(s) and may require additional documentation and/or testing.

Accommodations Request Chart

Standard testing on the Virginia Bar Exam is two days. The first day is the Virginia Essay session administered in two 3-hour sessions. The second day is the Multistate Bar Examination (MBE), which is a standardized test, also administered in two 3-hour sessions. There is about a 1 to 1½ hour lunch break between sessions on each day of the exam. The Additional Time Request Chart details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table.

Applicants may leave their seat to use the restroom or get a drink of water; however, no food or beverages are permitted in the testing room.

*Applicants with non-standard testing accommodations will be tested in a room with like-accommodated applicants. For private room requests, the applicant's healthcare provider must provide sufficient documentation.

Check Yes for all non-standard testing accommodations required for the Applicant's disability and provide the specific rationale for each accommodation.

Check all that apply	Accommodations	Specific rationale for accommodation
YES	Additional testing time	To receive additional time, provide the amount of extra time per session on the Additional Time Request Chart .
YES	Large print testing materials _____ 18pt _____ 24pt	
YES	Braille version of exam	
YES	Use of magnifying glass or special visual aid/apparatus	
YES	Assistance bubbling the MBE answer sheet	
YES	Use of sign language interpreter	
YES	Use of a reader	
YES	Audible computerized version of the exam questions	
YES	Use of dictation or speech to text software for transcribing the exam answers	
YES	Testing with like-accommodated applicants	
YES	*Private testing room (detailed explanation/reason required)	
YES	Wheelchair accessibility	
YES	Medication	
YES	Other requests not listed above	

Additional Time Request Chart

Day 1 – Essay & Multiple Choice

Consists of 9 Essay questions and 10 Multiple Choice questions divided into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to either handwrite or type their answers. Applicants who choose to handwrite their answers are provided booklets containing sheets of lined paper. Applicants who choose to type their answers using their laptop must register, pay a fee, and download the required software.

Morning Session – consists of 5 Essay questions in various subject matters.

Additional Requested Time (Minutes)	_____	minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
Total Time Requested for Essay Morning Session:	_____	minutes

Afternoon Session – consists of 4 Essay questions and 10 Multiple Choice questions in various subject matters.

Additional Requested Time (Minutes)	_____	minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
Total Time Requested for Essay Afternoon Session:	_____	minutes

Provide an explanation as to how the specific aspect(s) of the applicant's claimed disability affects their ability to take the Essay portion of the Virginia Bar Exam under standard testing times and conditions.

Day 2 – Multistate Bar Exam

Consists of 200 multiple choice Multistate Bar Exam (MBE) questions, which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

Morning Session – consists of 100 multiple choice questions.

Additional Requested Time (Minutes)	_____	minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
Total Time Requested for MBE Morning Session:	_____	minutes

Afternoon Session – consists of 100 multiple-choice questions.

Additional Requested Time (Minutes)	_____	minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
Total Time Requested for MBE Afternoon Session:	_____	minutes

Provide an explanation as to how the specific aspect(s) of the applicant's claimed disability affects their ability to take the Multistate (MBE) portion of the Virginia Bar Exam under standard testing times and conditions.