



**THE STATE BAR OF CALIFORNIA  
CALIFORNIA BOARD OF LEGAL SPECIALIZATION/OFFICE OF ADMISSIONS**

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**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300  
845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500**

**FORM C  
TESTING ACCOMMODATIONS – LEARNING DISABILITIES  
VERIFICATION**

(Please print or type; must be legible)

**NOTICE TO APPLICANT:** This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending testing accommodations on the Legal Specialist Examination for you on the basis of a learning disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name:

Bar Number:

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the California Board of Legal Specialization or consultant(s) of the California Board of Legal Specialization.

Signature of Applicant

Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the Legal Specialist Examination. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of a learning disability. The California Board of Legal Specialization also requires the qualified professional to complete this form. **If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.** Please attach a copy of the evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the an examination administered by the California Board of Legal Specialization. Your assistance is appreciated.

**I. QUALIFICATIONS OF THE PROFESSIONAL \***

Name of professional completing this form: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Occupation, title & specialty:  
\_\_\_\_\_  
\_\_\_\_\_

License number: \_\_\_\_\_

*\*The following professionals are deemed appropriate and qualified to provide a diagnosis of learning disabilities: Clinical Psychologist\*\*, Neuropsychologist\*\*, Educational or School Psychologist\*\*, Educational Diagnostician, Learning Disabilities Specialist, Educational Therapist. (\*\* must be licensed)*

Please describe your specialized training in the assessment, diagnosis and remediation of learning disabilities with the adult population. Experience in working with cultural and/or linguistically diverse populations is also essential. A minimum of three (3) years of demonstrated experience with the adult population is considered appropriate and critical:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. Provide the date the applicant was first diagnosed with a learning disability. \_\_\_\_\_

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. Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

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6. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities.

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7. Were the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results?

Yes  No

Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant's specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a learning disability normally is lifelong, the severity and manifestations can change. The California Board of Legal Specialization generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. **Attach to this form 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 Legal Specialist Examination.** The evaluation report should include the following:

- A. an account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
- B. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores and percentiles);

- C. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;
- D. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- E. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

### **III. FORMAL TESTING**

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

#### **1. Aptitude/Cognitive Ability**

- Wechsler Adult Intelligence Scale IV (WAIS IV) (or most current version) (including IQ, index, and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (4th ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

#### **2. Achievement**

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)

Please note: The Wide Range Achievement Test: Third Edition (WRAT-3), the Peabody Individual Achievement Test (PIAT, PIAT-R), and the Nelson Denny Reading Test are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

#### **3. Information Processing**

- Wechsler Memory Scale III

- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index, and/or cluster scores on the WAIS III (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson III (WJ III): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A), as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

#### **IV. ACCOMMODATIONS RECOMMENDED FOR THE LEGAL SPECIALIST EXAMINATION (check all that apply)**

The Legal Specialist Examination is a timed written examination administered in two sessions. The first session begins at 7:30 a.m. and consists of a four-hour testing session, plus time for announcements. Next, there is a lunch break of approximately 90 minutes from approximately noon to 1:30 p.m. The second session takes place after the lunch period and consists of a 2.5 hour testing period plus time for announcements.

The morning session consists of eight essays. The written portions of the examination are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers. The afternoon session consists of 75 multiple-choice questions. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination.

Examinees are assigned seats, two per six-foot table, in a room set for 100 to 600 applicants. Examinees are not allowed to bring food, beverages, or other items into the testing room unless approved as an accommodation. All examinees may bring medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. Applicants may leave the examination room only to use the restroom or drinking fountain within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation (or accommodations, if more than one would be appropriate) do you recommend?

**Please see next page to select the accommodations you are requesting.**

**Alternative Formats**

- Audio CD version of the Examination
- Large Print Examination Materials  
(check one:  18 pt or  24 pt.)
- Computer with SofTest installed
- Private Room
- Semi-private Room
- Microsoft Word document on data CD for use  
with screen-reading software (for written  
sessions)

Other \_\_\_\_\_

**Personal Assistance**

- Dictate to a Typist
- Reader
- Assistance with multiple-choice  
answer sheet (Scantron sheet)
- Dictate to a Tape Recorder

Please provide rationale for requests indicated: \_\_\_\_\_

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**Accommodation of Extra Time**

Specify the amount of **additional time** requested for each session of the examination. Indicate why additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each test format of the examination. **All requests for additional time must specify the exact amount of additional time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If additional testing time is requested, but the specific amount of additional time is not indicated, the petition will be returned as incomplete.**

**Essay:** Specify the amount of additional test time needed per session and rationale: \_\_\_\_\_

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**Multiple-Choice:** Specify the amount of additional test time needed per session and rationale:

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**V. PRIOR HISTORY AND PAST ACCOMMODATIONS**

Please describe any previously documented history of learning disabilities and list accommodations that have been granted to the applicant in the past:

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**VI. CONFIDENTIALITY**

Confidentiality policies of the California Board of Legal Specialization/Office of Admissions of The State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process.

**VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE**

I attach hereto copies of all test results, evaluations, educational or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This is required.**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

\_\_\_\_\_  
*(Signature of Licensed Professional)*

\_\_\_\_\_  
*(Date)*

The California Board of Legal Specialization reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by a panel or professional consultants if deemed necessary.