



**THE STATE BAR OF CALIFORNIA  
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300  
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**FORM E  
TESTING ACCOMMODATIONS – MENTAL 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 First-Year Law Students' Examination or the California Bar Examination for you on the basis of a mental 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:

File 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 Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

**NOTICE TO QUALIFIED PROFESSIONAL:**

The above-named person is requesting accommodations on the California First-Year Law Students' Examination or the California Bar 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 mental disability. The Committee of Bar Examiners 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 Committee of Bar Examiners. 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 mental disabilities: psychiatrist, psychologist or other licensed mental health professional.*

Please describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations:

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

**II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. Date of last evaluation/assessment of the applicant: \_\_\_\_\_

2. What is the applicant's DSM-IV-TR (or most current version) diagnosis? Please complete all five axes. If diagnosis is not definitive, please list differential diagnoses.

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

3. Describe the applicant's history of presenting symptoms of a psychological disability. Include a description of symptom frequency, intensity, and duration to establish severity of symptomology.

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4. Describe the applicant's current functional limitations caused by the psychological disability in different settings and specifically address the impact of the disability on the applicant's ability to take the bar examination under standard conditions. Note: psychoeducational, neuropsychological, or behavioral assessments often are necessary to demonstrate the applicant's current functional limitations in cognition.

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5. Describe the applicant's compliance with and response to treatment and medication, if prescribed. Explain the effectiveness of any treatment and/or medication in reducing or ameliorating the applicant's functional limitations and the anticipated impact on the applicant in the setting of the bar examination.

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**ATTACH A COMPREHENSIVE EVALUATION REPORT.** An applicant's psychological disability must have been identified by a comprehensive diagnostic/clinical evaluation that is well documented in the form of a comprehensive report. The report should include the following:

- psychiatric/psychological history
- relevant developmental, educational, and familial history
- relevant medical and medication history
- results of full mental status examination
- description of current functional limitations in different settings
- results of any tests or instruments used to supplement the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including discussion of differential or "rule out" diagnoses prognosis

### **III. ACCOMMODATIONS RECOMMENDED FOR THE FIRST-YEAR LAW STUDENTS' EXAMINATION OR CALIFORNIA BAR EXAMINATION (check all that apply)**

The California Bar Examination is a timed written examination administered in three-hour sessions from 9:00 a.m. to noon and from 2:00 p.m. to 5:00 p.m. on Tuesday, Wednesday and Thursday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The first day consists of three essay questions in the morning session and one Performance Test question in the afternoon session. 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 second day consists of 200 multiple-choice questions (MBE), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination. The third day has the same schedule as the first day.

The First-Year Law Students' Examination is a timed written examination administered in a four-hour session from 8:00 a.m. to noon and a three-hour session administered in the afternoon on a Tuesday as scheduled twice each year. There is a lunch break from noon to 1:30 p.m. each day.

The morning session consists of four essay questions. The essay questions 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 100 multiple-choice questions (MBE). Applicants record their answers by darkening circles on an answer sheet that is scanned by a computer to grade the examination. The third day has the same schedule as the first day.

Applicants are assigned seats, two per six-foot table, in a room set for 100 to 400 applicants. They are not allowed to bring food, beverages, or other items into the testing room unless approved as accommodations. All applicants may bring medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They 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?

#### 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 (Scantorn 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. The Bar Examination has six 3-hour sessions (three essay questions or one performance test or 100 multiple-choice questions per session) and the First-Year Law Students' Examination has one 4-hour session for administration of its four essay questions and one 3-hour session where 100 multiple-choice questions are administered.

**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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**Performance Test:** 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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#### **IV. 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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## V. CONFIDENTIALITY

Confidentiality policies of the Committee of Bar Examiners/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.

## VI. 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 Committee of Bar Examiners 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.