

This form must be sent by the Qualified Professional on or before the deadline directly to the  
TN Board of Law Examiners • 511 Union Street Suite 525 • Nashville, TN 37219

## FORM 2C: QUALIFIED PROFESSIONAL STATEMENT FOR PSYCHOLOGICAL DISABILITY

This form is to be filled out by a Qualified Professional (see Board Policies and Procedures, P-3.11, Appendix A, Paragraph B. Please type or print legibly.

**NOTICE TO APPLICANT: This section of the form is to be completed by you.** The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the bar examination for you on the basis of a Psychological Disability. Please read, complete and sign below before submitting this form to the qualified professional for completion of the remainder of this form. This form **MUST** be filed on or before the deadline for filing applications (May 20 for the July exam; December 20 for the February exam).

Applicant's Full Name: \_\_\_\_\_

Date(s) of evaluation/treatment: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_

**I give permission to the qualified professional completing this form to release the information requested on the form, including all records, test results, or reports upon which you relied in making the diagnosis. Further, I request and authorize the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Tennessee Board of Law Examiners or by consultant(s) of the Tennessee Board of Law Examiners, including the Tennessee Lawyers Assistance Program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the Tennessee Bar Examination. All such requests must be supported by a comprehensive written diagnostic report from the qualified professional who conducted an appropriate psychoeducational assessment of the applicant and is recommending accommodations on the bar examination on the basis of a Psychological Disability. The remainder of this form must be completed by a licensed mental health professional such as a psychologist or a psychiatrist. If any of the information requested in this form is fully addressed in the written diagnostic report, you may respond by citing the specific page and paragraph where the answer can be found. Please attach a copy of the written diagnostic report and all records and test results on which you relied in making the diagnosis and accommodations recommendation for the Tennessee Bar Examination.

The Tennessee Board of Law Examiners may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print legibly or type your responses to the items on the next pages. **Return this completed form, the diagnostic report, and relevant records and test results directly to the Tennessee Board of Law Examiners, 511 Union Street, Suite 525, Nashville, TN 37219, by the deadline for applications (May 20 for the July exam; December 20 for the February exam).** Your assistance is appreciated.

**I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

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

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation and specialty: \_\_\_\_\_

License number/State: \_\_\_\_\_

Describe your qualifications and experience to diagnose and/or verify the applicant's condition/impairment and to recommend accommodations (specific training, certifications, etc.):

Type your answer here:

**II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT**

1. When was the applicant's Psychological disability first diagnosed? \_\_\_\_\_

2. When did you last see the applicant: \_\_\_\_\_

3. What is the applicant's DSM-5 diagnosis:

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

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

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

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

Axis V (GAF Score): \_\_\_\_\_

4. In addition to DSM-5 criteria, how did you arrive at your diagnosis?

[ ] Structured or unstructured interviews with the student

[ ] Interviews with other persons

[ ] Behavioral observations

[ ] Developmental History

[ ] Educational History

[ ] Medical History

[ ] Neuropsychological testing, if so, dates of testing: \_\_\_\_\_

[ ] Psycho-educational testing, if so, dates of testing: \_\_\_\_\_

[ ] Standardized or non-standardized rating scales

[ ] Other (please specify): \_\_\_\_\_

5. What is the severity of the disorder? [ ] mild [ ] moderate [ ] severe

Please explain the severity checked above:

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

6. 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.

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

7. Is this a permanent condition/impairment? [ ] Yes [ ] No

If no, when is it likely to abate?

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

8. 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 limitaitons in cognition.

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

9. What medications is the applicant currently taking?

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

10. 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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11. Describe the applicant's compliance with and response to treatment and medication.

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### III. 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 conducted, in most instances, within the preceding 12 months. The report must include the following:

- psychiatric/psychological history, including presenting symptoms when disability is active
- onset, duration, and severity of symptoms, including a description that distinguishes common test-taking anxiety from a diagnosed condition
- relevant developmental, educational and familial history
- relevant medical and medication history
- 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
- 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, recognizing, however, that accommodation needs can change over time and in different settings
- results of any tests or instruments used to support the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests
- diagnostic formulation, including **demonstration that symptoms are not better accounted for by another mental disorder, including substance intoxication, substance withdrawal or substance use disorder and do not occur exclusively during the course of another mental disorder**
- prognosis including expected progression or stability of the impact of the condition over time, if relevant to test-taking performance
- clinical rating scales as necessary to corroborate the severity of the diagnosed disorder and effort testing to identify possible malingering, as may be appropriate

### III. ACCOMMODATIONS RECOMMENDED FOR THE TENNESSEE BAR EXAMINATION

As background for the specific inquiries the Tennessee Board of Law Examiners makes concerning the applicant's need for accommodations, the Tennessee Bar Examination is a 2 day examination consisting of two 3 hour sessions each day.

- Day One consists of 2 Multistate Performance tests (MPT) in the morning session and 6 essay questions in the afternoon session. The MPT is a test on fundamental lawyering skills that involves a writing project. Each of the

tests is designed to be read and answered in 90 minutes. Applicants are advised to spend half the allotted time reading and organizing and half the allotted time writing the response. Each test is designed to be read and answered in 90 minutes The 6 essay questions are each on a different subject and are designed to be read and answered in 30 minutes.

- Day Two consists of a 200 question multiple choice examination answered in pencil on a computer-graded grid sheet with 100 questions in the morning session and 100 questions in the afternoon session.
- Each day, there is a 1 – 1 ¼ hour lunch break.
- Examinees are seated in assigned seats with two examinees per 6' – 8' table in a room with up to 400 examinees, although in July, there are smaller examination locations in Knoxville (up to 225) and Memphis (up to 140). No food or drink is allowed at the examination table, although water is available and restroom breaks are permitted.

Considering the above description of the examination and the functional limitations currently experience by the applicant, what reasonable test accommodation(s) do you recommend to ameliorate the current limitations of the applicant? Check all that apply:

Extra testing time. Indicate below how much extra testing time is recommended and the rationale, including why extra test time is necessary and how you arrived at the specific amount of extra time recommended for each segment of the exam:

DAY 1, AM – MPT (Two writing processes testing lawyering skills questions in one 3 hour session)	
Additional time requested: [ ] 50% [ ] 100%	Specific Rationale for additional testing time on <b>this</b> segment:
DAY 1, PM: MEE (6 Multistate essay questions in one 3 hour session)	
Additional time requested: [ ] 50% [ ] 100%	Specific Rationale for additional testing time on <b>this</b> segment:
DAY 2: Multistate Bar Examination (The MBE is a 200 question standardized test divided into two 3-hour sessions)	
Additional time requested: [ ] 50% [ ] 100%	Specific Rationale for additional testing time on <b>this</b> segment:

Question Format or Assistance Requirements. Indicate if any recommended, if for the entire exam or identify the segments for which recommended, and the rationale:

Question Format/Assistance (Check all that apply):	Specific Rationale for the Accommodation:
[ ] Large Print 18 pt font	

<input type="checkbox"/> Large Print <b>24 pt font</b>	
<input type="checkbox"/> MBE Grid Assistance	
<input type="checkbox"/> Reader/Scribe	
<input type="checkbox"/> Special seating location (end of aisle, back of room, near speaker)	

Other arrangements (e.g., wheelchair access, beverage, food, medication, lamp, magnifying glass, etc.). Describe the arrangements and provide a rationale for the request.

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**V. PROFESSIONAL’S SIGNATURE AND VERIFICATION**

I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

I hereby certify that I will mail the required records directly to the Tennessee Board of Law Examiners, 511 Union Street, Suite 525, Nashville, TN 37219. I understand that the applicant's request for testing accommodations will not be processed without these records. I understand that stringent deadlines apply to filing and that it was the applicant's responsibility to provide me this form and request in a timely manner.

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that a representative or agent of the Tennessee Board of Law Examiners or its designee may contact me for clarification of my responses on this form.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number