

DISABILITY FORM 2: LEARNING DISABILITY VERIFICATION - OLC

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 accommodations on the Ohio Law Component (OLC) 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:

Date(s) of evaluation/treatment:

Applicant's date of birth:

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 Ohio Board of Bar Examiners (Board) or consultant(s) of the Board.

Signature of Applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations on the OLC. All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a learning disability. The Board 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 comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the OLC. We appreciate your assistance.

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

Print or type your responses to the items below. **Return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission, or directly to testingaccommodations@sc.ohio.gov.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form:

Address:

Telephone:

E-mail:

Occupation and specialty:

License number/State:

Name of Licensing Board (e.g., nursing, psychology, medical, counseling/social work/marriage, and family therapy, etc.)

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations.

II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS

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-V (or most current version) diagnosis:

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

7. Was 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.

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 Board 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 upon in making the diagnosis and recommending accommodations for the OLC. List and provide test scores for the standardized tests of intellectual functioning, academic skill development, and information processing that you used to make your determination.** 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

III. ACCOMMODATIONS RECOMMENDED FOR THE OLC (CHECK ALL THAT APPLY)

The OLC is a timed, closed-book, multiple-choice examination administered in one two-hour session. The OLC is administered at least four times a year, consisting of 50 multiple-choice questions. Applicants record their answers using a computer program. The examination is administered using remote proctoring technology. Applicants are not allowed to bring food, beverages, or any other items into the testing room unless approved as accommodations.

Applicants who need assistance with answering multiple-choice questions may need a scribe to assist them.

Taking into consideration this description of the examination and the functional limitations currently experienced by the applicant, what test accommodation(s) do you recommend? (Check all that apply.)

Assistance:

- ☐ Screen Reader Software, No Scribe
- ☐ Screen Reader Software, With Scribe

Explain your recommendation(s).

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- ☐ Extra testing time. Indicate below how much extra testing time is recommended:

	Standard Time	Extra Time Recommended - Select One
OLC	2 hours	☐ 25% ☐ 33% ☐ 50% ☐ 100% ☐ No extra time

Explain why extra testing time is necessary and describe how you arrived at the specific amount of extra time recommended.

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Do you have any other recommendations regarding accommodations for this applicant? If so, please explain the recommendation and the rationale you used in making that recommendation.

[illegible]

IV. PROFESSIONAL'S SIGNATURE

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 certify that the information on this form is true and correct based upon the information in my records.

Signature of Professional

Date signed

Title

Daytime telephone number