



**Application for Admission to the Palau Bar**  
**Form G: ADHD Verification Form**

All original documents must be received by the Supreme Court of the Republic of Palau by the deadline for the Application for Admission to the Palau Bar.

(Please print or type; form must be legible)

**NOTICE TO APPLICANT: Section I of this form is to be completed by you.**

The remainder of the form is to be completed by each licensed professional who has been involved in diagnosis or treatment of your Attention Deficit/Hyperactivity Disorder (ADHD) or who has been involved in making recommendations for test accommodations on the bar examination as a result of your ADHD. Please read, complete, and sign below before submitting this form to your treating professional(s) for completion of the remainder of this form. The completed form **MUST** be submitted with your Application for Admission to the Palau Bar, not at a later time.

**Section I**

Applicant's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treatment date(s): \_\_\_\_\_

Applicant's mailing  
Address:

I give permission to the treating professional referenced below 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 Supreme Court of the Republic of Palau.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO TREATING PROFESSIONAL: Please complete Sections II through V of this form. Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Supreme Court of the Republic of Palau for consideration of the applicant's request for test accommodations.**

The above-named person is requesting accommodations for the Republic of Palau bar examination. You have seen him/her for evaluation and/or treatment of ADHD. The Supreme Court of the Republic of Palau (Court) needs information and documentation in order to assess that request.

The Court requires a licensed physician or other licensed professional in the field related to the applicant's disability to complete this form. The Court requires current documentation of the condition or impairment (generally within the last three years) establishing that the applicant has ADHD that results in functional limitations that require accommodations in order for the applicant to take the examination on an equal basis with other applicants. The information you provide may be forwarded by the Court to a qualified specialist(s) for the purpose of evaluating the applicant's request.

The Court requires that an applicant with ADHD be identified by a Comprehensive Diagnostic Evaluation report that addresses all of the points specifically inquired about in the summary questions below. The evaluation should be current (generally completed or updated within the past three years); follow full, standard DSM-IV-TR (or most current version) diagnostic criteria for an ADHD determination; and provide evidence that the diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of impairment. Attach a copy of the Comprehensive Diagnostic Evaluation report to this form.

The Court also requires the qualified professional to complete this form. If any information is fully addressed in an existing Comprehensive Diagnostic Evaluation report, you may respond to questions in this form by citing the specific page and paragraph of the Comprehensive Diagnostic Evaluation report 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 examination administered by the Court.

## Section II

### **Treating Professional Information**

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

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

License number and Certification Location: \_\_\_\_\_

Describe your specialized training in the assessment, diagnosis, and remediation of ADHD and to recommend accommodations for the applicant's condition:

### Section III

#### Diagnostic Information Concerning Applicant

Provide the date the applicant was first diagnosed with ADHD: \_\_\_\_\_

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, and attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

\_\_\_\_\_

When did you first meet the applicant? \_\_\_\_\_

Provide the date of your most recent complete evaluation of the applicant: \_\_\_\_\_

Describe the applicant's current symptoms of ADHD that cause significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as job evaluations, rating scales filled out by third parties, academic records, etc.:

Describe the applicant's symptoms of ADHD that were present in childhood or early adolescence (even if not formally diagnosed) that caused significant impairment across multiple settings. Provide copies of any objective evidence of those symptoms, such as report cards, teacher comments, tutoring evaluations, etc.:

Does the applicant meet full DSM-IV-TR criteria for (check which diagnosis applies):

- ADHD, Combined Type
- ADHD, Predominantly Inattentive Type
- ADHD, Predominantly Hyperactive-Impulsive Type
- ADHD, not otherwise specified

## Section IV

### Formal Testing

ADHD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self-reported ADHD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

Were ADHD questionnaires and/or checklists completed?  yes  no

Is there evidence from empirically validated rating scales completed by more than one source that levels of ADHD symptoms fall in the abnormal range?  yes  no

If yes, please provide copies.

Is there evidence from empirically validated rating scales completed by more than one source that the applicant has been significantly impaired by ADHD symptoms?  yes  no

If yes, briefly describe findings:

Was testing performed that rules out cognitive factors, psychiatric factors (anxiety, depression, test anxiety, etc.), or lack of motivation or effort as reasonable explanations for complaints of inattention, distractibility, poor test performance, or academic problems?  yes  no

If yes, briefly describe findings:

Is the applicant being treated for ADHD?  yes  no

If yes, describe the type of treatment, including any medication, and state the extent to which this treatment is effective in controlling the ADHD symptoms. If it is effective, also explain why accommodations are necessary:

If no, explain why treatment is not being pursued:

**Section V**

**Recommended Accommodations**

Do you recommend that the applicant receive accommodations during bar examination testing?

yes     no

If yes, list your recommended accommodations below:

Provide the rationale for each request indicated above (attach additional sheets if necessary)

Describe any previously documented history of ADHD and/or specific learning disorders/disabilities and list accommodations that you know have been granted to the applicant in the past:

**Professional's Signature**

**I have attached copies of all test results, evaluations, and educational or psychological reports that I relied upon in completing this form.**

I certify that all the information on this form is true and correct.

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Daytime telephone)

\_\_\_\_\_  
(Email address)