



Application for Admission to the Palau Bar
Form H: Learning Disability 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 learning disability or disabilities or who has been involved in making recommendations for test accommodations on the bar examination as a result of your learning disability or disabilities. 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:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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 a learning disability or disabilities. 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). 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 a learning disability or disabilities provide documentation, at his/her expense, establishing that he/she has a learning disability 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 evaluation must be current (generally completed or updated within the past three years); document an information processing deficit; certify that the applicant's aptitude is within the average or above-average range; identify a significant discrepancy in aptitude-achievement as well as in processing measures (such discrepancies cannot be obtained from a single subtest); and document that the applicant requires accommodations in order for the applicant to take the examination on an equal basis with other applicants.

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 of applicant's condition and to recommend accommodations for the applicant's condition:

Section III

Diagnostic Information Concerning Applicant

When did you first meet the applicant? _____

Provide the date of your most recent complete evaluation of the applicant: _____

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

Section IV

Formal Testing

An applicant's specific learning disabilities must have been identified by an appropriate psycho-educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include a clear account of a thorough diagnostic interview that summarizes relevant components of the individual's development, medical, family, social, and educational history; 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 standard scores and percentiles and index scores if available); 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; a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all of the above outlined information, must accompany this form. When choosing a test battery, please remember to consider the technical aspects of each test. These include the test's reliability, its validity, and whether it is standardized with norms available for the adult population. The professional judgment of the evaluator is the key to a strongly documented diagnosis.

Describe any informal measures, background history, and clinical observations that aided you in determining that the applicant has a learning disability or disabilities:

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:

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 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)