

# Accommodations for Test Anxiety Under ADA?

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Test anxiety prevents students from demonstrating their knowledge on examinations. To be covered by the Americans with Disabilities Act, test anxiety must pass two legal tests. First, it must be a "mental impairment." As a form of Social Phobia, a mental disorder included in the *Diagnostic and Statistical Manual of Mental Disorders*, it meets this first test. Second, it must "substantially limit one or more of the major life activities." Individuals for whom test anxiety is one manifestation of Social Phobia-Generalized are substantially limited in the major life activities of interacting with others and working. Individuals for whom test anxiety is the only manifestation of their Social Phobia are substantially limited in the major life activities of thinking and working, the latter because they are excluded from any career requiring a test for application, credentialing, licensure, or training. Accommodations may include taking the test in a separate room or taking an untimed examination. Documentation supporting a diagnosis of test anxiety should include evidence of significant impairment in test performance.

As the implications of the Americans with Disabilities Act of 1990 (ADA, P.L. 101-336) have gradually seeped into public consciousness, we have witnessed a dramatic increase in the number of persons accommodated for psychological disabilities, the types of psychological disabilities accommodated, and the kinds of accommodations provided. For example, currently more than 45,000 students with learning disabilities enter U.S. colleges each year, up from 19,000 prior to the ADA, many of whom are extended a wide variety of legally mandated accommodations.<sup>1, 2</sup>

Partly because of these accommodations, large numbers of these students now graduate from college and enter law and other professional schools, where they receive legally required accommodations, not only in their courses, but also in bar and other licensing examinations.<sup>3, 4</sup> Continuing this trend toward the expansion of disability rights, attention deficit disorder has recently become the basis for requested accommodations.<sup>5</sup> The purpose of this article is to explore whether yet another psychological disorder, namely test anxiety, may legally require accommodations.\*

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\*Frank Vellutino opines that it does not require legal accommodations,<sup>6</sup> but more recently he agrees that "there is room for much maneuvering on either side of the issue."<sup>7</sup> Similarly, Jeanette L. Lim, Director, Policy, Enforcement, and Program Service, Office for Civil Rights, does not dismiss the possibility.<sup>8</sup>

## Nature of Test Anxiety

**Symptoms** Test anxiety<sup>9</sup> consists of several components occurring regularly in reaction to a testing situation. First and most troubling to the person is a component of subjective distress. Persons with test anxiety experience intense fear or apprehension, sometimes bordering on terror. They may feel dizziness, tension, stomach discomfort, or fear that they are about to faint. A second prominent component consists of physical symptoms such as trembling, sweating, changes in heart rate and breathing, clammy hands, voice tremor, and muscular tension. These symptoms are usually accompanied by distracting, intrusive, negative thoughts such as "I cannot answer this question," "I am going to fail this course," or "My life is a failure." Finally, there is a cognitive component in which the person's mind "goes blank," familiar questions seem unrecognizable, and concentration is very difficult. These components interact in every possible permutation with thoughts and physical symptoms increasing subjective anxiety and vice versa, resulting in severe cognitive impairment and poor test performance. Test anxiety, thus, can prevent test takers from demonstrating what they know.

**Treatment** Test anxiety can be treated either psychopharmacologically or with psychotherapy. Among the drugs, beta blockers (e.g., Inderal) can lessen many of the physical symptoms, and anti-anxiety benzodiazepines (e.g., Xanax) can reduce the anxiety. One disadvantage of these medications is that they may

impair cognitive functioning and may therefore be contraindicated in a testing situation. Also, they may be unsafe for people with certain medical conditions.

Effective psychotherapy may consist of behavior therapy, cognitive therapy, or a combination of the two. In these therapies, clients learn ways to reduce their symptoms. They are desensitized to the testing situation and are taught methods to control the negative thoughts giving rise to the anxiety, as well as techniques to relax the body to prevent the physical symptoms. Although highly effective, these treatments do not work for everyone.

For those who cannot be successfully treated, modifications of the testing situation can be beneficial. Many find that taking the examination alone in a quiet room alleviates the anxiety. Not seeing others feverishly working and finishing early reduces their symptoms and affords them the privacy to use their own personal methods of calming themselves down.

For others, a quiet room may not be sufficient, and they may need a change in the timing conditions of the exam. The passage of time is probably the most anxiety-provoking aspect of the testing situation for test-anxious examinees. As their symptoms make them unable to work, the approach of the time deadline increases their anxiety, and symptoms tend to escalate with the passage of time. Therefore, an untimed (or extended time) exam often alleviates symptoms by allowing the test taker to calm down without worry about the loss of time. Often the paradoxical result of an untimed exam is that the

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accommodated examinees do not, in fact, use much of the extra time.

For some people, test anxiety is a chronic, life-long affliction. They manage to get through school by adopting various strategies. For example, they learn to select courses in which the grade is determined primarily by papers, homework, and classroom discussion. Or they become adept at convincing teachers to modify the testing situation for them. When these strategies fail, they must learn to cope with the disappointments of grades that do not accurately reflect their knowledge.

For others, test anxiety may develop relatively late in their academic careers. A typical scenario may look like this: a successful student unexpectedly does poorly on an important exam. Memories of this failure cause the student to feel more nervous on the next exam, thereby further impairing performance. On the third exam, there are now two previous failures to evoke anxiety, and so on. A downward spiral of this sort can rapidly develop into serious test anxiety when the symptoms occur intensely and consistently to most testing situations.

*As Distinct from Normal Nervousness*  
How does test anxiety differ from the nervousness all of us feel while taking an exam? Do we all have a psychiatric disorder? This kind of question arises with regard to many psychiatric diagnoses. Frequently, the critical symptoms identifying a psychiatric disorder include normal traits such as indecision, sadness, or worry. However, the traits do not reach the criterion of a mental disorder unless they are what is termed "clinically signif-

icant."<sup>10</sup> Clinical significance is determined in two ways. One measure is the degree of impairment in functioning. Thus, if a student becomes anxious on an exam, but performance is not significantly below what would be expected based on the student's knowledge or skill, then the anxiety is not clinically significant on this dimension.

The second measure is the degree of distress experienced. Thus, a student may become anxious during an exam, but the degree of distress may be well within the range experienced by most students in a testing situation and therefore not clinically significant. To assess the degree of distress, several psychological tests have been developed. Two of the most important are the Reactions to Tests<sup>11</sup> and the Test Attitude Inventory.<sup>12</sup> In both of these tests, students are presented with statements describing typical symptoms of test anxiety (e.g., "I freeze up when I think about an upcoming test"; "During tests I find myself thinking about the consequences of failing") and they must indicate whether the statement is true of them "almost always," "often," "sometimes," or "almost never." Because these tests have been administered to large numbers of students, it is possible to know when a person's score is significantly above the average.

## Nondiscrimination on the Basis of Disability

*ADA* The ADA is modeled after Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against otherwise qualified persons with disabilities in any program receiving fed-

eral funds. Because of its longer history, most of the case law regarding the legal definition of "disability" comes from court decisions based on Section 504 and much is applicable to ADA as well.<sup>†</sup> However, ADA significantly expanded the civil rights of disabled persons to areas not encompassed by Section 504.

Title I of the ADA prohibits discrimination in employment for all employers with 15 or more employees. It is relevant to the present discussion if an employer requires a written or oral examination for the purposes of hiring, promotion, or periodic evaluation. Title II covers public services, including state and local governments not receiving federal funds, and is relevant to tests administered by public schools, state universities, colleges and universities that receive federal funds, and public agencies. Title III applies to public accommodations provided by private entities and covers tests administered by private schools, private certification boards, as well as private institutions such as the Educational Testing Service, which prepares admissions tests for college and graduate schools. Licensing boards, such as state bar examination boards, are covered by both Titles II and III because they are considered instrumentalities of the state.<sup>13</sup> Title III addresses examinations in the greatest detail (28 C.F.R. §36.309), and the Department of Justice considers this section as a useful guide to examinations that fall under Title II as well.<sup>14</sup>

**Mental Impairment** Is test anxiety covered by ADA? An affirmative answer

to this question must overcome several legal hurdles. First, unlike learning disabilities, test anxiety is not explicitly mentioned in the ADA, its regulations, the Equal Employment Opportunity Commission (EEOC) interpretive guide, or the Department of Justice (DOJ) analysis. Thus, the first hurdle is to find an ADA category in which test anxiety may possibly fit. All three titles (29 C.F.R. §1630.2(g) and (h); 28 C.F.R. §35.104; 28 C.F.R. §36.104), as well as Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. §104.3), define "disability" as "a physical or mental impairment that substantially limits one or more of the major life activities. . ." Thus, the most likely category to cover test anxiety is "mental impairment."

"Mental impairment," in turn, is defined as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." Is test anxiety a "mental or psychological disorder" or an "emotional or mental illness"? The legislative history of ADA as well as major court cases indicate that the authoritative guide to defining these terms is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association and now in its fourth edition.<sup>10, 15-17</sup> This tome lists several hundred psychiatric disorders along with their diagnostic criteria and code numbers.

**Social Phobia** The next hurdle to overcome is that test anxiety does not appear in the DSM. Thus, if it is to count as a disability under ADA, it must be

<sup>†</sup>The Rehabilitation Act Amendments of 1992 further brought the two acts into convergence.

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included under one of the DSM diagnostic categories. The most likely candidate for this is Social Phobia (code 300.23), a psychiatric disorder in which there is a marked and persistent fear of one or more social or performance situations in which embarrassment may occur (p. 411). People with Social Phobia regularly experience clinically significant anxiety in one or more situations such as public speaking, participating in small groups, dating, attending parties, and speaking to authority figures.<sup>18, 19</sup> Some may feel anxious in nearly all these social situations and are diagnosed with Social Phobia, Generalized. Others may regularly fear only a single performance situation, such as public speaking or test taking. Thus, test anxiety resulting from a fear of being negatively judged by others is properly diagnosed as Social Phobia, either generalized or not, and seems to meet both the Section 504 and the ADA criterion for a mental impairment.

**Major Life Activity** The final hurdle to coverage as a disability under ADA is whether test anxiety "substantially limits one or more of the major life activities. . ." Examples of major life activities under all three titles of ADA, as well as under Section 504, include: caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. However, this list is intended to be representative rather than exhaustive. Other activities having a similar effect on a person's functioning may also qualify as major life activities. In fact, Section 902 (paragraph 902.3), added to the EEOC Compliance Manual in March 1995,<sup>20</sup> states that "mental and

emotional processes such as thinking, concentrating, and interacting with others are examples of major life activities." Similarly, paragraph 902.8 of this manual illustrates a major life activity with the example of a bank teller who has a mild form of clinically diagnosed depression and whose employer assumes she cannot work well with customers and other members of the public. Hence, if a person's test anxiety is only one symptom within a broader syndrome covering a wide variety of social situations (i.e., Social Phobia, Generalized), then a strong case can be made that the disorder substantially limits the major life activity of *interacting with others*. In fact, significant interference with the person's social interactions is one of the criteria for the diagnosis.

Additionally, it can be argued that Social Phobia, Generalized, also substantially limits the major life activity of *working*.<sup>‡</sup> Anxieties arising from a generalized social phobia can seriously impair performance during job interviews, group presentations, consulting with managers, talking to customers, and attending conferences. Anyone impaired in these ways will be severely limited in the ability to be hired and to work in a broad range of jobs in which effective social interaction is critical. Thus, Social Phobia, Generalized, along with its symptom of test anxiety, appears to be covered by both Section 504 and the ADA.<sup>21</sup>

What if the test anxiety is the only

<sup>‡</sup>The EEOC Compliance Manual makes it clear that the major life activity of working should be considered only when it cannot be shown that the other, more basic, major life activities are not substantially limited.<sup>20</sup>

symptom of the Social Phobia and the person is not impaired in other social situations? Here, it is more difficult to argue that the disorder substantially limits a major life activity. Nevertheless, two avenues of approach are available. First, one might argue that test anxiety substantially limits the major life activity of *thinking*. During an episode of test anxiety, the examinee's cognitive faculties are compromised: concentration, memory, reasoning, and expression are impaired relative to other examinees. The objection might be raised that the test-anxious person's thinking is impaired only during the exam, but otherwise it is normal. In response to this objection, it should be noted that individuals with serious mental disorders such as major depression and schizophrenia (recognized by the courts as protected by ADA) do not exhibit their symptoms continuously. For example, the schizophrenic employee whose work is substantially limited by hallucinations and emotional outbursts may experience those symptoms only a few times in the course of the work week and only under certain stressful conditions. Similarly, test-anxious individuals may think perfectly well most of the time but find their thinking substantially limited during the critical duration of an examination. Indeed, it is this impairment in cognitive function that is the very basis for the requested accommodation.

The second and more questionable argument for substantial limitation of a major life activity is that the test-anxious individual is effectively excluded from any career requiring a test for application, credentialing, licensure, or training

courses. For example, test anxiety can prevent an individual from entering the professions of law, psychology, and engineering, each of which requires the passing of an examination for licensure. Similarly, if test anxiety precludes someone from graduating from college because of anxiety-induced poor performance on college entrance exams or college course exams, that person's career prospects are severely curtailed. Nevertheless, given the difficulty in convincing the courts that mental disabilities substantially limit the major life activity of working, this line of argument will face an uphill battle.

An examination of court cases regarding a closely related disorder, Simple Phobia (code 300.29), is instructive. In contrast to Social Phobia, a Simple Phobia involves a fear of a specific stimulus object or situation rather than a fear of embarrassment. In *Freyer v. Kinetic Concepts*, 1988 WL 96033, 122 Lab Cas (CCH) paragraph 56, 957 (S.D.N.Y. 1988), the court refused to recognize an employee's undiagnosed and undocumented fear of flying as a handicap under Section 504. In *Forrisi v. Bowen*, 794 F.2d 931, 934 (4th Cir 1986), a utility repairman had been fired because his fear of heights (acrophobia) made him unable to perform his job, which often involved climbing up a ladder. He argued that he should be protected by Section 505 of the Rehabilitation Act because he was regarded as a handicapped individual by his employer. The court found that although his phobia excluded him from his particular job, it did not significantly restrict his ability to perform either a class of jobs or

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a broad range of jobs in various classes. Accordingly, he was not regarded as substantially limited in the major life activity of working.

Although this latter case may suggest that test anxiety will encounter a similar judicial fate, important distinctions can be drawn between the two. Forrasi's acrophobia did not preclude the possibility of his working as a utility repairman in jobs not requiring climbing to heights, and he was thus not limited in a *class* of jobs (as required by both the ADA and the Rehabilitation Act) but only in his specific one. In contrast, test anxiety can preclude an individual from a *class* of professions and jobs that require examinations for application, credentialing, licensure, or training courses.

***Reasonable Accommodations and Modifications*** Assuming that test anxiety has surmounted all of the legal hurdles described above, the ADA requires that the examiner make "reasonable accommodations" when covered by Title I (29 C.F.R. §1630.9, 1630.10, 1630.11), or "reasonable modifications" under Titles II and III (28 C.F.R. §35.130(b)(7); 28 C.F.R. §36.302) (see also Section 504 of the Rehabilitation Act, 34 C.F.R. §104.12, 104.13, 104.43, 104.44). In particular, an examiner, be it an employer, college, or testing service, may not use a test the results of which tend to screen out an individual with a disability or to not accurately reflect a disabled person's skills, aptitude, or knowledge. Therefore, examiners must provide accommodations or modifications for students with test anxiety because this disability prevents

them from accurately demonstrating their abilities and knowledge on a test.

Any examiner who wishes to deny a requested accommodation or modification for test anxiety must show that the request is not reasonable. Under Title I, an accommodation is not reasonable if it imposes an "undue hardship" on the business (29 C.F.R. §1630.9, 1630.15(d)), and under Title III if it imposes an "undue burden" (28 C.F.R. §36.303, 36.309(c)(3)) on the private entity.<sup>11</sup> At present we have no good estimates of the number of persons with test anxiety. The incidence of social phobia is estimated to be about five to seven percent of the population, and not all of these experience test anxiety. Among those who do, some have been successfully treated. In any event, it is safe to say that the number needing to be accommodated, under the criteria described below, will be far fewer than the number of examinees with learning disabilities who are now being accommodated. Hence it is unlikely that accommodations for test anxiety will impose an undue hardship or burden on examiners.

A second argument against the reasonableness of a request for untimed (or extended time) exams is that they undermine the purpose of the examination. If one of the goals of an exam is to see how well the examinee answers under time pressure, then an unpressured exam defeats that goal. Neither Section 504 nor

<sup>11</sup>In the *Wynne v Tufts Univ Sch of Med* case discussed below, the court concludes that under Section 504, feasibility and cost may be taken into consideration by an academic institution in deciding whether a modification to an exam would result in a lowering of academic standards or requiring substantial program alteration.

the ADA requires that an exam be changed such that it no longer measures what it is designed to measure (34 C.F.R. §104.13, §104.44(c); 29 C.F.R. §1630.11; 28 C.F.R. analysis of 35.130; 28 C.F.R. §36.309(b)(i)), as long as the examiner can justify the use of the exam in the first place. Under Title I, the examiner has to show that the test is job related, consistent with business necessity, and its purposes cannot be accomplished with a reasonable accommodation (29 C.F.R. §1630.10, 1630.15(b); see also Section 504, 34 C.F.R. §104.13). Under Titles II and III, the examiner must show that changing the exam as requested would fundamentally alter the nature of the service, program, or activity (28 C.F.R. §35.130(b)(7); 28 C.F.R. §36.302(a)).

An example of how this works can be found in *Wynne v. Tufts Univ. Sch. of Med.*, 932 F.2d 19 (1st Cir 1991) (*en banc*). Wynne, a medical student with dyslexia, requested an examination format other than written multiple choice. The court found against him, explaining that under Section 504, if a school comes to a rationally justifiable conclusion that available alternatives would result either in the lowering of academic standards or requiring substantial program alteration, then the school is not legally required to accommodate the disability. The medical school had argued that there was no feasible way to alter the exam and still ensure that its medical students had acquired the necessary knowledge and skills. Agreeing with Tufts University, the court judged that modifying medical school exams would devalue the school's

end product, namely, well-trained and qualified doctors.

Thus, an examiner might argue that allowing some examinees to take an untimed exam will result in a lowering of standards and a substantial alteration of the program, or in the case of employment, that it is inconsistent with business necessity. This issue has already been amply and expertly discussed by a number of writers with regard to accommodations for learning-disabled examinees,<sup>22-26</sup> and their debate will not be repeated here. Nevertheless, one important distinction between test anxiety and learning disabilities needs to be mentioned in relation to the issue of standards. In theory, the rationale behind additional time for learning-disabled examinees is that they process information more slowly than others, and extra time simply compensates for this discrepancy. Given extra time, learning-disabled examinees are on a par with the others and are, therefore, under the same time pressures. With test-anxious examinees, however, the circumstances are different. If extra time successfully reduces the anxiety to normal levels, then the result is an unimpaired examinee with extra time.

Whether additional time is an advantage is a matter of debate.<sup>27</sup> With respect to the Multistate Bar Examination, for example, some writers have cited data indicating that additional time bestows no benefits while others have found the opposite.<sup>28</sup> For the bar examination essay questions, however, the criterion for an adequate answer often takes into account the time limits.<sup>29</sup> One solution to this problem is to measure the actual time



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taken by an accommodated test-anxious examinee and grade the essays accordingly.

**Criteria for Granting Accommodations** In granting accommodations for test anxiety, examiners should be vigilant about potential abuses. Judgments about clinical significance are often subjective, and clinicians can differ widely. Accordingly, examiners should insist that clinicians who diagnose the disorder provide evidence of clinical significance, including perhaps scores on psychological tests. Of course, people can be dishonest both to their diagnosing clinician and on the psychological tests, and this dishonesty will be difficult to uncover.

The most important criterion of clinical significance for the purpose of accommodation is the degree to which test anxiety impairs performance. A student whose knowledge and skills warrant a grade of A- but who gets only a B+ on exams because of anxiety is not clinically impaired and may not deserve accommodations despite the subjective distress. On the other hand, if that same student manages only Cs and Ds on exams, then the impairment is significant, the test scores clearly do not reflect the student's knowledge, and accommodations are in order. Therefore, examiners should insist on evidence of discrepancies between test grades and other measures of what the student has learned. The latter can be obtained from grades on homework, papers, projects, classroom discussions, and the professor's or a teaching assistant's impressions based on evidence such as conversations with the student or a review of the exam after a poor performance.

## Conclusion

Test anxiety can prevent examinees from demonstrating their knowledge and skills, and for them the test ceases to be a valid assessment instrument. For this reason alone, testers should want to accommodate test-anxious examinees and restore the test to its intended function. Such accommodations also help examiners avoid unnecessary litigation since, as I have tried to show, a good case can be made that test anxiety is covered by ADA, especially when it is a component of Social Phobia, Generalized.

At the same time, examiners will want to protect the integrity and fairness of the test. Criteria for adequate documentation supporting a diagnosis of test anxiety should be made explicit. I have suggested that an important criterion should be evidence that the test anxiety significantly impairs performance as compared with assessments from non-test situations. When a diagnosis has been established, examiners should grant the minimum accommodation necessary to enable the examinees to operate within the normal range of anxiety. Often a separate, quiet room is all that is needed. If, however, an untimed examination is necessary, then examiners should keep a record of the time actually used and take that into consideration in grading the exam. With sufficient foresight and planning, solutions can be devised that will optimize validity for the test and fairness for all examinees.

## References

1. Zuriff GE: Learning disabilities in the academy: a professor's guide. *Acad Quest* 10:53-65, Winter 1996-97

2. Ragosta M: Testing bar applicants with learning disabilities. 60 Bar Examiner No. 1, at 11 (February 1991)
3. Overton G: Accommodation of disabled persons. 60 Bar Examiner No. 1, at 6 (February 1991)
4. Smith J: NCBE guidelines for testing disabled applicants. 60 Bar Examiner No. 1, at 28 (February 1991)
5. Ranseen J, Campbell D: Adult attention deficit disorder: current concepts and controversies. 65 Bar Examiner No. 1 at 49 (February 1996)
6. Vellutino F: Documenting the existence of "dyslexia." 63 Bar Examiner No. 4, at 13 (November 1994)
7. Vellutino F, personal communication, March 14, 1995
8. Lim JJ, personal communication, June 21, 1994
9. International Society for Test Anxiety Research: Advances in Test Anxiety Research (vols 1-7). Edited by Van der Ploeg *et al.* Amsterdam: Swets and Zeitlinger, 1981-1992
10. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (ed 4). Washington, DC: APA, 1994, p 7
11. Sarason I: Stress, anxiety, and cognitive interference: reactions to tests. *J Pers Soc Psychol* 46:929-38, 1984
12. Spielberger C: Test Attitude Inventory. Palo Alto, CA: Consulting Psychologists Press, 1977
13. Morrissey FP: The Americans with Disabilities Act: the disabling of the bar examination process? 62 Bar Examiner No. 2, at 9 (May 1993), p 13
14. *Ibid.*
15. APA, *supra* note 10
16. Paul F Mickey, Maryelena Pardo: Dealing with mental disabilities under the ADA. 9 Labor Lawyer 536 at 531, n 18 (1993)
17. U.S. Congress, Office of Technology Assessment: Psychiatric Disabilities, Employment, and the Americans with Disabilities Act. Washington, DC: U.S. Government Printing Office, March 1994, p. 45
18. Marshall J: Social Phobia: From Shyness to Stage Fright. New York: Basic, 1994
19. Stein MB: How shy is too shy? *Lancet* 347: 1131-2, 1996
20. Equal Employment Opportunity Commission: Compliance Manual (vol 2, § 902). Washington, DC: EEOC, 1995
21. See John M Casey: From agoraphobia to xenophobia: phobias and other anxiety disorders under the Americans with Disabilities Act. 17 U Puget Sound L Rev 381 (1994)
22. Smith, *supra* note 4
23. Ragosta, *supra* note 2
24. Mehrens W, Millman J, Sackett P: Accommodations for candidates with disabilities. 63 Bar Examiner No. 4, at 33 (November 1994)
25. Morrissey, *supra* note 13
26. Phillips SE: High-stakes testing accommodations: validity versus disabled rights. 64 Bar Examiner No. 3 (August 1995)
27. Runyan MK: The effect of extra time on reading comprehension scores for university students with and without learning disabilities. *J Learning Disabil* 24:104-8, 1991
28. See Smith, *supra* note 4, and Mehrens *et al*, *supra* note 24, for the two sides of the controversy.
29. Azrael J, personal communication, June 2, 1996