

Documentation Requirements for MCAT Accommodations

Documenting Learning Disabilities

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Documentation Requirements for MCAT Accommodations

Documenting Learning Disabilities

I. Introduction

All examinees who are requesting accommodations on the MCAT, regardless of the nature of their condition or disability, must provide two (2) copies of each of the following:

1. Personalized cover letter. Include a detailed description of your disability and indicate specifically the accommodations you believe are necessary for you to take the MCAT.

2. Accommodations Request Form (downloadable from the website).

3. Relevant medical or academic records. Because learning disabilities are most commonly manifested initially during childhood (even if not diagnosed until later), relevant records detailing difficulties in elementary, secondary and post-secondary education should be included. Records such as grade reports, Individual Education Plans, 504 Plans, transcripts, teachers' comments will serve to substantiate self-reported past and current academic difficulties.

4. A detailed written report from an evaluator (see more below), based on a comprehensive psychoeducational evaluation:

- a) The report must be on the evaluator's letterhead
- b) The evaluator must be qualified
- c) The evaluation must be current
- d) The report must contain comprehensive, relevant historical information
- e) The report must include all scores, subtest scores, and Index scores
- f) The report must show evidence of a significant current impact on functioning (in a major life activity)
- g) The report must demonstrate that alternative explanations for the condition have been investigated and ruled out
- h) The report must include a specific diagnosis
- i) The report must include specific recommendations
- j) The report must be signed by the evaluator.

Keep in mind the following critical points:

1. All documentation must be submitted together. Do not ask your doctor to send documentation separately.

2. All documentation should be received by the Office of Accommodated Testing Services **no less than 60 days** prior to your anticipated MCAT date.

3. Many requests that we review are **incomplete**. Whenever possible, AAMC documentation specialists will indicate what (if any) specific pieces of documentation are missing in order to make an informed decision about testing accommodations. Candidates who submit documentation that is outdated, incomplete, or otherwise insufficient may be asked to update and/or supplement their documentation. For these reasons, it is in your best interest to submit your documentation as early as possible.

4. Your request and documentation will not be returned to you. We advise you to retain copies of everything you submit.

5. Be sure to send two (2) copies of your documentation.

6. Give a copy of these Documentation Requirements to your evaluator, and ask him/her to carefully read this important information prior to your evaluation.

II. General Requirements of the Psychoeducational Evaluation

All examinees who are requesting accommodations based on a diagnosis of a learning disability must provide us with a copy of a comprehensive psychoeducational or neuropsychological evaluation.

1. Any diagnosis of a learning disability must be based on the aggregate of relevant history, test results, and level of current functioning, along with clinical judgment. It is standard practice to base a diagnosis on more than one or two tests.
2. Tests must be appropriately normed for the age of the examinee and must be administered in the standardized manner as designed by the test publisher. All tests should be designed and normed for use with adults.
3. All test scores must be provided (age-based standard scores when available). Evaluators should use the most recent form of a test and the most recent norms that are available, and the report should identify the specific test form as well as the norms used to compute scores. It is helpful to list all test data in a score summary sheet appended to the evaluation.
4. A qualified professional must administer the tests in the evaluation. If a graduate-trainee is conducting the evaluation or performing tests, as part of a university-based assessment clinic, we will consider the results if both the clinician and the faculty supervisor complete the “Qualifications of Pre-Doctoral Evaluators” forms, downloadable from the website:
<http://www.aamc.org/students/mcat/accommodations/pre-doctoralevaluators.pdf>

An individual is deemed to be qualified to conduct a neuropsychological or psychoeducational evaluation if s/he has had extensive graduate-level training in the area of learning disabilities. This usually includes formal education and training in the history, nature, identification, and remediation of learning disabilities. In most cases, the examiner should have a doctoral degree. However, simply having a particular degree or license does not automatically mean that the evaluator has had sufficient formal training and expertise in learning disabilities. *Training and experience in the administration of psychological tests does not presuppose training in the identification of learning disabilities.*

The name, title, and professional credentials of the evaluator must be clearly stated in the documentation, along with evidence of formal training and experience in the identification of learning disabilities. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adolescents and/or adults with learning disabilities. The MCAT Office of Accommodated Testing Services reserves the right to request evidence from an evaluator of their professional qualifications. Diagnoses and documentation provided by family members, even if otherwise qualified, will not be accepted.

5. Currency: For most individuals, a learning disability is developmental, and thus is viewed as a life-long condition. For other individuals, a learning disability may be “acquired” as a result of neurological trauma.

Because the provision of reasonable accommodations is based on assessment of the *current impact* of the applicant’s disability on the testing activity, it is in the individual’s best interest to provide recent documentation.

The psychoeducational evaluation must have been administered no more than three years prior to the anticipated MCAT date.

As the manifestations of a disability may change over time, an evaluation must have been conducted within the past three years. If your evaluation is older than three years, but you have limited funds to obtain updated documentation, please review the eligibility requirements for [financial assistance](#) from the AAMC. The written report must include the dates of the testing.

III. Structure of the Psychoeducational Evaluation

The preferred structure for a diagnostic report is suggested below; alternative report-formats are acceptable if they cover the same content and meet the same criteria.

A. Identifying Information

The first page of the report should be printed on the evaluator's letterhead, and should provide relevant identifying information, including the examinee's name, date of birth, the testing dates, age at the time of testing, and grade and school (if applicable).

B. History & Background

Because learning disabilities are commonly manifested during childhood (though not always formally diagnosed), relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and post-secondary education should be investigated and documented. The report should include a summary of a comprehensive diagnostic interview that includes relevant background information. In addition to the candidate's self-report, the report should include:

1. a description of the presenting problem(s);
2. relevant developmental and psychosocial history;
3. relevant school and academic history including study habits, attitudes, notable trends in academic performance, and discussion of how the learning disability has impacted previous academic performance;
4. relevant family history, including primary language of the home and current level of fluency in English;
5. relevant medical history including the absence of a medical basis for the present symptoms; this includes indication of the applicant's last physical exam, and results of audiological, vision, and other relevant medical evaluations;
6. relevant employment history and discussion of how the learning disability has impacted job performance (if applicable).

The report should include information regarding accommodations that have been made in the past, including elementary or secondary school, during college, or for other standardized examinations. Note, however, that the fact that an accommodation has been granted on a previous occasion does not guarantee similar accommodations for the MCAT.

If available, provide score reports for other standardized admission tests, such as the SAT or ACT, and indicate what accommodations, if any, were allowed.

If no prior accommodations have been provided, the evaluator should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

The report should discuss performance on prior standardized exams, such as the SAT and ACT.

C. Other Reports

This section of the report should include results of any previous psychological, psychoeducational, or neuropsychological testing.

D. Test Conditions and Psychometric Properties

The report should clearly indicate the test conditions (i.e., location, time of day), especially in situations where the test conditions may have impacted the examinee's performance (i.e., late in the day, in a noisy room in a school building). In addition, the report should indicate that all tests are standardized, nationally-normed tests, and that all scores are based on age-norms (except when unavailable from the test

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(publisher). Grade-normed and grade-equivalent scores

do not need to be provided.

E. Behavioral Observations

This is a critical component of the diagnostic report. The clinician is in the best position to document the impact of the disability as it may be manifested during the evaluation. These behavioral observations, combined with the clinician's judgment and expertise, are often critical in helping the clinician formulate a diagnostic impression. The evaluator should describe in detail the relevant test-taking behaviors that impact upon the examinee's performance. The evaluator should specifically indicate if a particular behavior may have adversely impacted the examinee's performance on a test. The evaluator should indicate if the behaviors noted during testing are consistent with the diagnosis, or if not, why not. *Potential* issues might include the examinee's level of motivation and cooperation during testing, anxiety level, attention, and oral language or social communication problems.

F. Diagnostic Criteria

The evaluator must establish that the examinee in fact has a learning disability based on diagnostic criteria that are generally and widely accepted, such as DSM-IV-TR. Several models are printed in the Appendix.

G. Test Results

The report should list the tests that were administered, with accompanying scores, and detailed interpretation, following the guidelines of the Diagnostic Criteria (above). The report should describe in detail the individual's *functional limitations* due to the impairment, including the potential impact on the MCAT. The evaluation should include at least the following:

1. Intelligence. The evaluation should include measurement of intellectual ability, using a comprehensive intelligence battery that includes multiple subtests. All subtest and index scores should be reported.

2. Academic achievement. The evaluation must include multiple measures in each area of academic achievement (oral receptive or expressive language, reading, writing, spelling, math).

The evaluation must include timed as well as untimed tests in each academic area (reading, written language, and math). If the examinee believes that there is difficulty with performance on

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longer timed tests, then the evaluation should include at least one measure of timed sustained reading comprehension. The report should clearly establish a statistically-significant discrepancy between intelligence and an area of academic achievement.

3. Processing abilities.

At its core, a learning disability is a breakdown of information processing, in such areas as auditory processing (phonemic awareness, phonological processing), visual processing (visual-motor coordination, visual-spatial processing), memory abilities (short-term or long-term), reasoning abilities, or processing speed. A processing deficit must be demonstrated using multiple tests, not just one.

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4. Impact of the processing deficit(s).

The report should clearly delineate the relationship between the processing deficit and the areas of underachievement. Rarely does a processing deficit impact only one area of functioning; the

There should be a clear, plausible relationship between a specific processing deficit and one or more areas of underachievement.

pattern of difficulties due to the processing deficit should be discussed.

5. Exclusionary criteria. In order to diagnose a learning disability, other possible explanations for the underachievement must be systematically investigated and ruled out. These include (but are not limited to) emotional factors, attention, medical factors, effort and motivational factors, previous instruction (or lack thereof), and English as a second language (ESL). If there is any history of emotional difficulties, the evaluation should include objective assessment of emotional functioning, and the report should clearly indicate the extent to which emotional factors are (or are not) contributing to the presenting concerns.

Other possible explanations for the underachievement must be investigated and ruled out.

NOTE: In situations where an individual is thought to have two or more disorders, such as a learning disability and Attention-Deficit/Hyperactivity Disorder (ADHD), the diagnostic report must clearly describe the unique impact of each disorder.

H. Integrative summary

The report should include a detailed, individualized integration of previous test results, relevant history, current test results, and clinical impressions. Computer-generated reports are not acceptable.

I. Diagnosis

The report should include a specific diagnosis of the disability. A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM-IV-TR diagnostic categories for learning disorders.

J. Evaluator's Recommendations

1. It is essential that the recommendations be individualized; it is critical that the recommendations logically follow from the evidence of the history, test results, and the related documentation. Not all examinees are the same; not all learning disabilities are the same; the impact from learning disabilities is not always the same; therefore, accommodation needs will not always be the same.

2. The recommendations should describe the rationale for each accommodation or modification, which should be based on evidence from the testing. This should include a detailed explanation for why each accommodation is needed and how it will reduce the impact of the identified functional limitations, specifically in relation to the MCAT.

3. The evaluator should recommend specific accommodations and/or assistive devices. If additional time is requested, the evaluator must specify a precise amount of additional time (e.g. 25 percent additional time or time-and-a-half). The rationale for each requested accommodation should be included, based on the evidence from the testing. A request for an untimed exam, or simply "extra time", is not sufficient.

IV. Additional Requirements for ADA & ADAAA

Having a diagnosed impairment does not automatically entitle someone to accommodations on the MCAT. To receive accommodations on the MCAT, an applicant must not only demonstrate that s/he has an impairment, but that the impairment is a disability within the meaning of the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA).

In order to establish a disability, an individual's performance in a major life activity must be compared to that of the average person in the general population. For example, it is not sufficient to demonstrate that an individual's reading achievement is significantly below IQ; the reading ability must also be substantially limited relative to an average person in the general population. Major life activities include caring for

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oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, thinking, reading, concentrating, communicating, and working.

Appendix: Definitions of Learning Disability

The definition of learning disability included in the Individuals with Disabilities Education Act (IDEA) is as follows:

"Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

An alternative definition of learning disabilities was developed by the National Joint Committee on Learning Disabilities (NJCLD). Members of this group included the Council for Learning Disabilities, the American Speech-Language-Hearing Association, CEC's Division for Learning Disabilities, the International Reading Association, the Orton Dyslexia Society (now the International Dyslexia Association), and the Association for Children and Adults with Learning Disabilities. The definition is as follows:

"Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not, by themselves, constitute a learning disability. Although learning disabilities may occur concomitantly with other disabilities (e.g., sensory impairment, mental retardation, serious emotional disturbance), or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences (NJCLD, Learning Disabilities: Issues on Definition, January, 1990).

Another group, now called Learning Disabilities Association of America, advocated for the following definition:

"Specific Learning Disabilities is a chronic condition of presumed neurological origin which selectively interferes with the development, integration, and/or demonstration of verbal and/or nonverbal abilities. Specific Learning Disabilities exists as a distinct handicapping condition and varies in its manifestations and in degree of severity. Throughout life, the condition can affect self-esteem, education, vocation, socialization, and/or daily living activities" (Association for Children with Learning Disabilities, 1986)