

Documentation Requirements for MCAT Accommodations

Documenting Psychiatric Disabilities

I. Required Documentation

To support a request for test accommodations, please submit the following:

1. Your own written request for accommodations, in the form of a cover letter. Include a detailed description of your disability and indicate specifically the accommodations you believe are necessary for you to take the MCAT. See the [Frequently Asked Questions](#) webpage for specific instructions regarding registration and deadlines.
2. Records of academic history should be provided. Because many disabilities are most commonly manifested initially during childhood, 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, and teachers' comments should be provided to substantiate self-reported past and current academic difficulties.
3. A detailed, comprehensive written report of a neuropsychological or psychoeducational evaluation, describing your disability, its impact, and its severity, and justifying the need for the requested accommodations.

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. Time permitting, candidates who submit documentation that is outdated, incomplete, or otherwise insufficient may be asked to update and/or supplement their documentation.

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

II. General Requirements of the Psychological or Psychiatric Evaluation

1. Any diagnosis of a psychiatric disability must be based on the aggregate of history, test results, and level of current functioning, along with clinical judgment.
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

3. Actual test scores must be provided (age-based standard scores when available).

Evaluators should use the most recent form of a test and 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.

Qualifications of the Examiner

A qualified professional must administer the tests in the evaluation. Therefore, it is not appropriate for students or trainees to conduct the evaluation even if the final written report is signed by a qualified professional.

An individual is deemed to be qualified to conduct a neuropsychological or psychological evaluation if s/he has had extensive graduate-level training in the area of psychological or psychiatric disorders. This usually includes formal education and training in the history, nature, identification, and treatment of psychological disorders. 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 the evaluation of psychiatric disorders. *Training and experience in the administration of psychological tests does not presuppose training in the identification of psychiatric disorders.*

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 psychiatric disorders. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adolescents and/or adults with psychiatric disorders. The MCAT Office of Accommodated Testing reserves the right to request evidence from an evaluator of their professional qualifications. Diagnoses and documentation provided by family members will not be accepted.

Currency

Because the provision of reasonable accommodations is based on assessment of the *current impact* of the applicant's disability on the testing activity, and because of the changing nature of psychiatric disabilities, it is critical that documentation be current. The diagnostic report should be less than six months old; documentation that is 6-24 months old will be accepted if it is accompanied by a letter from a qualified professional that provides an update on the diagnosis, the examinee's current level of functioning, changes since the previous evaluation, current treatment, and continued rationale for the requested accommodations. Reports of diagnostic assessments that are older than 24 months will be helpful in establishing history and precedent, but will not be acceptable in establishing *current impact*.

III. Structure of the Psychological 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.

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).

History & Background

The report of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information. Relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and post-secondary education should be investigated and documented, with emphasis on the previous educational impact of the disability (if any). In addition to the candidate's self-report, the report of assessment 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 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. evidence that other disorders with symptom-overlap have been investigated and ruled out;
7. relevant employment history and discussion of how the psychiatric disorder has impacted job performance (if applicable).

Include documentation 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 you lack documentation of accommodations or special assistance you received in elementary or secondary school, describe the accommodations in your cover letter. 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 indicate whether or not relevant educational, medical, or psychological interventions have been or are currently being used to manage the symptoms of the psychiatric disorder, the extent to

which these have been successful in diminishing the functional limitation, and whether or not these interventions were used during the psychological evaluation itself.

Other Reports

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

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 publisher). Grade-normed and grade-equivalent scores do not need to be provided.

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 and can be a valuable source of information. The evaluator should describe, in detail, 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, and 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.

Diagnostic Criteria

The evaluator must establish that the examinee in fact has a psychiatric disorder based on diagnostic criteria that are generally and widely accepted. Diagnostic criteria for psychiatric disorders are found in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition. The report should describe how the individual meets all DSM-IV criteria for the disorder in question.

Test Results

The report should list the tests that were administered, with accompanying scores, and detailed interpretation. The report should describe in detail the individual's *functional limitations* due to the impairment, including the potential impact on the MCAT.

1. Demonstration of evidence of a psychiatric disorder. Evidence for a psychiatric disorder is usually in two forms: subjective evidence and objective evidence. Subjective evidence may include the examinee's own report (e.g., completion of self-report symptom inventories) as well as the subjective reports of others (e.g., previous teacher reports or previously-completed teacher-report symptom inventories). Objective evidence may be found from psychological testing, by specific tests designed to measure aspects of social, emotional, or behavioral functioning.

Note that a positive response to medication in and of itself does not confirm a diagnosis, or either support or negate the need for accommodations.

2. Demonstration of significant current impact. The report should provide evidence as to the current impact on a major life activity, and demonstrate that, even with compensatory strategies (such as medication and cognitive or behavioral strategies), there continues to be a significant, current impairment from the psychiatric disorder.

The impact should be discussed in terms of the person's actual functioning with coping strategies, and not, for example, in terms of how the person might function without compensatory strategies or medication.

3. Exclusionary criteria. In order to diagnose a psychiatric disorder, other possible explanations for the symptoms must be systematically investigated and ruled out, using objective as well as subjective measures. This includes (but is not limited to), learning disabilities, attention disorders, other psychiatric disorders, medical disorders, and effort or motivational factors.

NOTE: In situations where an individual is thought to have two or more disorders, such as a learning disability and an anxiety disorder, the diagnostic report must clearly describe the unique impact of each disorder, and diagnostic criteria must be met for each disorder.

Summary

The report should include a summary of the background information, test results, and conclusions.

Diagnosis

The report should include a specific diagnosis of the disability following DSM-IV guidelines. A differential diagnosis must be reviewed and various possible alternative causes for the limitation should be ruled out. That is, the exclusionary criteria (described above) must be met.

Recommendations

1. It is essential that the recommendations be individualized and that they logically follow from the evidence of the history, test results, and the related documentation. Not all examinees are the same; not all psychiatric disorders are the same; the impact from the psychiatric disorder is not always the same; therefore, the recommendations or modifications should 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 and clinical history. This should include a detailed explanation of 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 the requested accommodation should be included. A request for an untimed exam, or simply “extra time”, is not sufficient.

IV. Additional Requirements for ADA

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). The following information explains some of ADA’s key terms.

Substantially Limits

“Substantially” limits means to a considerable or high degree of limitation.

In determining substantial limitation, performance of the person with the impairment is compared to the performance of the average person in the general population.

In addition, the severity of a person’s impairment must be measured while considering both the positive and negative effects of coping strategies such as medication. For example, a person with near-sightedness might be considered “disabled” were it not for his eyeglasses, which essentially corrects his vision to 20/20 and therefore eliminates him from being considered “disabled” under ADA. Likewise, a student with ADHD who takes medication to control the symptoms might have a proper diagnosis of ADHD, but since the medication manages the ADHD effectively, he would not be considered “disabled” under the ADA. What matters under the ADA is the actual functioning of the person—not what the functioning would be without the eyeglasses, medication, or other coping strategies ordinarily used by the person.

Therefore, the diagnostic report should indicate whether or not the examinee was evaluated with the same conditions under which he or she ordinarily functions in daily life. For example, if the examinee uses a coping strategy on a daily basis and indeed he used that coping strategy on the day of the evaluation, then the report should indicate that the examinee was evaluated under the same conditions that s/he functions in daily life. Likewise, if the examinee takes medication on a daily basis but did not take the medication on the day of the evaluation, then the report should indicate that the examinee was evaluated under conditions different from those under which s/he functions on a daily basis, and provide

a rationale for why the evaluation was conducted in this manner (under conditions different from those that the examinee normally functions on a daily basis).

In addition, in cases where the impairments are *lifelong conditions*, the examinee should be able to demonstrate a history of limitations. For example, a college student with learning disabilities who has a long record of above-average achievement without receiving accommodations, including scoring above-average on unmodified college entrance examinations, would not have a history of a substantial limitation and would not establish that s/he is a person who is substantially limited in learning.

Major Life Activities

Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Major life activities are those that are of central importance in daily life.

Learning is a major life activity and some individuals with a learning disability or ADHD *may* be substantially limited. However, in order to meet the “substantial limitation” criteria of the ADA, there must be evidence that the person is substantially limited in a broad sense, not just in one particular course or subject-area. For example, a person who has “math anxiety” but does not have a generalized anxiety disorder impacting many aspects of her life would not be a person covered under ADA. Conversely, if an examinee with a reading disability can demonstrate that this has a severe negative impact on learning such that he is substantially limited in a broad sense, then he may be covered under ADA.

The Average Member of the Population

In order to establish a disability under the ADA, the individual’s performance in a major life activity must be compared to that of the average person in the general population. It is not sufficient to demonstrate that an individual’s reading achievement is significantly below her IQ; her reading must also be significantly impaired relative to an average person in the general population. That is, her reading scores must be significantly below average. For example, a very bright graduate student may have a legitimate math difficulty, but because she consistently earned above-average grades in college-level math courses without accommodations, and scored above-average on the math portions of the college entrance exams without accommodations, she would not be considered to be substantially limited with respect to the average person in the general population—even if her grades in math courses were lower than her grades in other courses. It is not enough to show that an examinee is frustrated or challenged in one subject compared with others.

When there is an extensive record of significant accomplishment in learning, with no accommodations, it will be difficult to conclude that an individual is substantially limited in learning compared to the average person in the general population.

V. Concluding Comments

Welcome again to the MCAT. The AAMC is committed to ensuring that all students with ADA-covered disabilities have equal access to the MCAT. We appreciate your efforts to document your disability. Be assured that we will do our best to meet the needs of disabled applicants, while also considering the need to protect the validity and security of the MCAT and the overall integrity of the MCAT program.

Please carefully read the [Frequently Asked Questions](#) webpage for important information regarding deadlines, timeframes, and contact information.