

Documentation Requirements for MCAT Accommodations

Documenting Psychiatric Disabilities

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Documentation Requirements for MCAT Accommodations

Documenting Psychiatric 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.** Academic records detailing difficulties in elementary, secondary and post-secondary education should be included, if relevant. 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 psychological 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 Candidates who submit documentation that is outdated, incomplete, or otherwise insufficient may be asked to update and/or supplement their documentation.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 Psychological Evaluation

All examinees who are requesting accommodations based on a diagnosis of a psychiatric or psychological disorder must provide us with a copy of a comprehensive psychological or neuropsychological evaluation.

1. Any diagnosis of a psychiatric 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 assessment of psychopathology in adults. 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 assessment of psychopathology. *Training and experience in the administration of psychological tests does not presuppose training in the identification of psychological 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 psychopathology in adults. 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 many individuals, the emergence of a psychological disorder is of relatively recent onset. Moreover, the course and effectiveness of treatments can vary significantly.

The diagnostic evaluation should be administered no more than **six months** prior to the anticipated MCAT date. If your evaluation is older than six months, but you have limited funds to obtain updated documentation, please review the eligibility requirements for [financial assistance](#) from the AAMC.

*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. The written report must include the dates of the testing.

The diagnostic evaluation should be administered no more than six months prior to the anticipated MCAT date.

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.

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 psychiatric disabilities usually impact an individual across functional domains, over time, relevant historical information 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 individual'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 disorder has impacted previous academic performance;
4. relevant family history,;
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 any relevant medical evaluations;
6. relevant employment history and discussion of how the 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 publisher). Grade-normed and grade-equivalent scores do not need to be provided.

All scores should be based on age-norms.

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 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, medication status, attention, and oral language or social communication problems.

F. Diagnostic Criteria

The evaluator must establish that the examinee in fact has a clinical disorder based on diagnostic criteria that are generally and widely accepted, such as DSM-IV-TR.

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. Demonstration of evidence of a psychiatric disorder. We require three types of evidence of a psychological disorder: historical evidence, objective evidence, and subjective evidence. Historical evidence may be found in previous academic records, job performance measures, or past performance on standardized tests. Objective evidence may be found on psychological tests that are specifically designed to measure emotional functioning and personality. Subjective evidence may include the examinee's own report (e.g., completion of self-report checklists) as well as the subjective reports of others (e.g., reports from parents or spouse).

The evaluation must include objective measurement of emotional and personality functioning, not only self-report checklists.

2. Demonstration of significant current impact. The report should provide evidence as to the current impact on a major life activity. This may include achievement testing, if the claim is that there is an impact on academic achievement. If there is a recommendation for extended time on the MCAT, then the evaluation should include timed as well as untimed testing in each academic area (reading, writing, and math), as well as evidence of processing speed or cognitive efficiency deficits.

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3. Exclusionary criteria. In order to diagnose a psychological disorder, other possible explanations for the presenting concerns must be systematically investigated and ruled out. These include (but are not limited to) other psychiatric disorders, learning disabilities, medical disorders, effort and motivational factors, previous instruction (or lack thereof), and English as a second language (ESL).

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 DSM-IV-TR diagnosis of the disorder.

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; 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. If there is a claim that the examinee has trouble sustaining attention over time, and yet the evaluator's recommendation is to lengthen the duration of the exam, then this must be explained.

If there is a claim that the examinee has trouble sustaining focus over time, and yet the recommendation is to lengthen the duration of the exam, then this must be explained.

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