

Documentation Requirements for MCAT Accommodations

Documenting Learning Disabilities

Introduction

Welcome to the MCAT! The Association of American Medical Colleges (AAMC) encourages all qualified applicants to embark upon the exciting and challenging process of becoming a physician. The AAMC supports the policies of the Americans with Disabilities Act (ADA) and is committed to ensuring access to the MCAT for individuals with disabilities, in accordance with the requirements of the ADA.

The AAMC provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations. For example, applicants may request someone to record answers, a separate testing room, extra testing time, or presentation of the material in large print. Requests for accommodations are evaluated by qualified professionals.

The following information is provided for applicants, evaluators, college and university staff, faculty and others involved in the process of documenting a request for test accommodations. Applicants requesting test accommodations should share these guidelines with their evaluator so that appropriate documentation can be assembled to support the request for test accommodations.

ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning. The purpose of documentation is to demonstrate that the individual who is requesting accommodations has a disability within the meaning of the ADA.

Requests for test accommodations are inherently individualized and need to be reviewed on a case-by-case basis. Consequently, no single type of accommodation (i.e., extra time) would be appropriate for all individuals with disabilities. Moreover, simply demonstrating that an individual has a disability does not mean that the person is automatically entitled to any particular accommodation such as extra time.

The purpose of accommodations is to provide examinees with an opportunity to demonstrate their capabilities on the MCAT. Specific accommodations should be related to the identified functional limitations so that the impairment is mitigated by the requested auxiliary aid or adjustment to the testing format. “Functional limitation” refers to the behavioral manifestations of the disability that impede the individual’s ability to function, i.e., what someone cannot do on a regular and continuing basis as a result of the disability. For example, a functional limitation might be impaired vision which prevents the individual from viewing the examination in the standard font size. An appropriate accommodation might be text enlargement. It is essential that the documentation provide a clear explanation of the current functional impairment and a rationale for the requested accommodation.

MCAT test scores obtained under nonstandard conditions will be noted as such when those scores are reported to you and your score recipients. Nonstandard testing conditions include, but are not limited to, timing modifications, use of a scribe, and the use of a device or aid typically not permitted to the general testing population.

While the use of accommodations in the test activity is intended to enable the individual to better demonstrate his/her knowledge mastery, accommodations are not a guarantee of improved performance or test completion.

How to Request Test Accommodations

1. Read the instructions carefully.
 - Share them with the professional who may be assisting with the preparation of your documentation.
 - **Compare your documentation with the information listed in these guidelines to ensure a complete submission.**
 - Submitting insufficient documentation will delay the processing of your request and may result in denial of accommodations or a delay of your test date.
2. You must submit your registration on-line to take the MCAT. Respond affirmatively to the question of whether you will be requesting accommodations. Read the “Frequently Asked Questions” on the MCAT website for important information regarding deadlines and timeframes.
3. Send 2 copies of all of your documentation.
4. Send all materials **together**. Do not ask your evaluator to send materials to the MCAT Program Office separate from your request. Due to the number of applications received, it is not possible to guarantee that materials submitted separately can be matched.
5. Accommodation requests are reviewed on a rolling basis in the order in which they are received. Apply as far as possible in advance of your preferred test date because it may take up to 60 days to process requests (see the “Frequently Asked Questions” page for specific information regarding deadlines and timeframes). Decisions that are in place on the last day of registration will hold for that test-date, as last-minute changes cannot be accommodated. Submitting your request well in advance of your preferred test date will help ensure that there is sufficient time to arrange for appropriate accommodations. Note that some test centers may be unable to provide certain types of accommodations. You are not guaranteed your first-choice or second-choice test center; however, we will attempt to make time and distance of travel reasonable. It may take up to 60 days to process your request and for you to receive a reply (see the “Frequently Asked Questions” page for more information about deadlines and timeframes).

6. If you submit documentation sufficiently early, the MCAT Program Office might be able to communicate with you regarding omissions in your documentation in time for you to send supplemental material by the deadline.
7. Send 2 copies of your request for test accommodations and supporting documentation to:

Association of American Medical Colleges
MCAT Office of Disability Services, Attn: Saresa Leftwich
2450 N Street, NW
Washington, DC 20037

Documentation sent by electronic format will not be accepted.

The MCAT Office of Disability Services will notify you if your request is granted or denied. If granted, you may be contacted by an MCAT representative to make specific arrangements.

8. The MCAT Office of Disability Services will evaluate documentation submitted by examinees who request accommodations and make the final judgment as to whether the sufficiency of the documentation.
9. If you are denied accommodations, your registration materials will be processed as a standard registration at the Test Center that you chose. If you prefer a different location and there is a seat available there, then you may transfer at no additional cost. If for any reason you decide not to attend the test, the standard rules regarding refunds will apply. Consult the section regarding refunds in MCAT Essentials for more information about requesting a refund.

Overall Guidelines

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities.

Confidentiality

All documentation submitted in support of your request for accommodations is confidential. To protect the applicant, the MCAT Office of Disability Services will not accept inquiries from third parties regarding an applicant or his/her accommodation request, unless specifically authorized so to do by the applicant. The MCAT Office of Disability Services will not release any part of the documentation without the candidate's written consent or under compulsion of legal process, except for the purpose of determining eligibility for test accommodations.

Required Documentation

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

1. Your own written request for accommodations, preferably 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. Please include a telephone number where you can be reached during the day. You are encouraged to also provide a fax number and e-mail address (see the [Frequently Asked Questions](#) webpage for specific instructions regarding registration and deadlines).
2. Records of academic history should be provided. Because learning 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.

General Requirements of the Psychoeducational Evaluation

1. Any diagnosis of a learning disability must be based on the aggregate of relevant history test, 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.

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 Evaluator

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 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 Disability 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.

Currency

For most individuals, a learning disability is developmental, and thus is viewed as a life-long condition. However, the expectations that are placed on the individual may change, and the individual's coping skills may change, thus potentially changing the *functional impact* of the disability. 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. As the manifestations of a disability may change over time, an evaluation must have been conducted within the past three years. The written report must include the dates of the testing.

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.

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

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 of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information. 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 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).

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 impairment, 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 learning disability based on diagnostic criteria that are generally and widely accepted. Several models are printed in Appendix B.

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 significant underachievement. The report should clearly establish a statistically-significant discrepancy between intelligence and an area of academic achievement (e.g., oral receptive or expressive language, reading, writing, spelling, math). The measurement of intellectual ability is done using an intelligence battery, which comprises multiple subtests. All subtest and index scores should be reported.

The IQ battery itself is not a perfect measure. When evaluating an individual with suspected disabilities, the examiner must ensure that the impairment itself does not substantially hamper the examinee's ability to perform on one or more subtests, thus invalidating the IQ scores. For example, a student with a severe motor impairment such as Cerebral Palsy may be hampered on a subtest that requires visual-motor coordination; this could significantly impact the validity of the IQ results. In circumstances where a person's impairment is seen as substantially impacting the estimation of intelligence, some flexibility is warranted; this may include administering the entire IQ battery but only using a portion of the IQ battery for the "benchmark" of intelligence, such as only the Verbal IQ score or the Performance IQ score. In situations when the evaluator believes that the Full-Scale IQ score is not an appropriate benchmark for intellectual ability,

- 1) this must be clearly stated, with relevant rationale; and
- 2) the alternative benchmark (e.g., VIQ or PIQ) must be clearly stated, with relevant rationale.

The achievement test battery should include multiple tests in each area of academic functioning, and should include both timed as well as untimed tests in each area. It is not enough to find underachievement on only one test; there must be a pattern of underachievement, demonstrated on multiple tests.

2. Demonstration of processing deficits. 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 a variety of tests, not just one.

3. 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 pattern of difficulties due to the processing deficit should be discussed. There should be a clear, plausible relationship between a specific processing deficit and one or more areas of underachievement.

4. **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) factors.

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, 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. A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM-IV diagnostic categories for learning disabilities.

A differential diagnosis must be reviewed and various possible alternative causes for the underachievement should be ruled out. That is, the exclusionary criteria (described above) must be met.

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.

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.

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.

