

MCAT Disabilities Accommodation

Introduction

The Association of American Medical Colleges (AAMC) provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for 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. All requests are reviewed, and when warranted, reasonable accommodations will be provided in light of the applicant's specific disability. Applications for accommodations are evaluated by qualified professionals and, when appropriate, may also be submitted to independent external review by specialists in the area of the disability.

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

The Americans with Disabilities Act of 1990 (ADA) and accompanying regulations define 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 validate that the individual is covered under the Americans with Disabilities Act as a disabled individual.

The purpose of accommodations is to provide equal access to the MCAT testing program. Accommodations "match up" with the identified functional limitations so that the area of impairment is alleviated by an auxiliary aid or adjustment to the testing procedure. **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 so that the individual is unable to view 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.

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. It is your responsibility, if you elect to do so, to convey to your score recipients any necessary explanations of testing conditions or reasons for your accommodations.

While presumably the use of accommodations in the test activity will 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 introduction, the General Guidelines, and other applicable 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.
 - Incomplete documentation will delay processing of your request.
2. You must submit your registration on-line to take the MCAT. Respond affirmatively to the question of whether you will be requesting accommodations.
3. Send all materials **together**. Do not ask your physician or other qualified professional or any other individual or agency providing documentation 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 can be matched and that an applicant's materials will be complete. Your application might not be processed for accommodation if any of the above information is omitted. Requests for accommodations that are received after the deadline for late registration will not be considered. Requests that are incomplete or not supported by appropriate documentation by the late registration deadline will also be denied.
4. Apply as far as possible in advance of the deadline, because it may take several weeks to process requests. It is in your best interest to submit registration and documentation well in advance of the deadline so that sufficient time is available to make the proper arrangements. Some test centers may be unable to provide certain types of accommodations. Therefore, you are not guaranteed your first-choice or second-choice test center; however, we make an effort to make time and distance of travel reasonable. During the peak time it may take 3 to 4 weeks to process your request and for you to receive a reply. 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. No new information will be accepted after the late registration deadline. Please note that all documentation of a disability must have arrived at the MCAT Program Office prior to the paper and pencil late registration deadline.

5. Send your request for test accommodations and supporting documentation to:

MCAT Program Office
Tyler Building
301 ACT Drive
Iowa City, IA 52245

Documentation sent via email or as an email attachment will not be accepted.

6. All documentation regarding accommodation decisions must be in writing. You may send correspondence by fax to 319/337-1122 or by e-mail to *mcat_ada@act.org*. All requests for second consideration must be in writing and must include information not previously reviewed. AAMC reserves the right to independently evaluate documentation submitted by examinees who request accommodations and to make the final judgment as to the sufficiency of the documentation.
7. If you are denied accommodations, your registration materials will be processed as a standard registration and you will be assigned a test center. If for any reason you decide not to attend the test, you may be eligible for a **partial** refund of your registration fee. Consult the section regarding refunds in *MCAT Essentials* for more information about requesting a refund.

General Guidelines for all Disabilities

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. Documentation submitted in support of a request is reviewed by qualified professionals in the appropriate area of disability for a fair and impartial decision.

The applicant must personally initiate a written request for accommodations. All documentation submitted in support of a request for accommodations is confidential. No information concerning a request for accommodations is released without a written request from the applicant. Accommodation requests by a third party (such as an evaluator or medical school) cannot be honored.

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/or e-mail address.
2. A detailed, comprehensive written report describing your disability and its severity and justifying the need for the requested accommodations.

The following characteristics are expected of all documentation submitted in support of a request for accommodations.

Documentation must:

a) **state 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.

b) **be current.**

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, e.g., low vision or neuromuscular conditions are often subject to change and should be updated for current functioning. As the manifestations of a disability may vary over time and in different settings, an evaluation must have been conducted within the past three years.

c) **describe the specific diagnostic criteria and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results.**

This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis, e.g., documentation for an applicant with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

- d) **describe in detail the individual's limitations due to the diagnosed disability, i.e., a demonstrated impact on functioning vis-a-vis the MCAT and explain the relationship of the test results to the identified limitations resulting from the disability.**

The current functional impact on physical, perceptual and cognitive abilities should be fully described, e.g., an applicant with macular degeneration has reduced central vision that impacts the ability to read.

- e) **recommend specific accommodations and/or assistive devices, including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations,** e.g.

an applicant with visual-motor coordination difficulties might request circling answers in the test booklet. If additional time is requested, you must specify a precise amount of additional time (e.g. 25 percent additional or time-and-a-half). A request for an untimed exam, or simply extra time, is not sufficient.

- f) **establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis.**

The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

3. If available, provide score reports for other standardized admission tests, such as the SAT or ACT, and indicate what accommodations, if any, were allowed. This information can provide additional information useful in evaluating the degree of functional limitation.
4. Provide any history of your use of corrective devices or medications to compensate for an impairment. Indicate to what extent this use is successful in diminishing the functional limitation.
5. Enclose documentation regarding accommodations that have been made in the past, including elementary or secondary school, during college, or for other standardized examinations. If you lack documentation of accommodations or special assistance you received in elementary or secondary school, describe the accommodations in your cover letter. Note, however, that the fact that an accommodation has been granted on a previous occasion does not guarantee similar accommodations for the MCAT. If no prior accommodations have been provided, the qualified professional expert should include a detailed

explanation as to why no accommodations were given in the past and why accommodations are needed now.

6. If extended time is requested because of a visual disability, a report of a complete ocular examination is required. It must include all test results, a description of functional limitation, a discussion of the extent to which the limitation has been or can be addressed through corrective devices, and a specific recommendation and rationale for accommodations. If you are legally blind, documentation acknowledging this specifically (e.g., from a governmental agency or your eye doctor) can substitute for a complete ocular exam.
7. Your request and documentation will not be returned to you. We advise you to retain copies of everything you submit.

Learning Disabilities

Documentation for applicants submitting a request for accommodations based on a learning disability or other cognitive impairment should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to learning disabilities:

1. **The evaluation must be conducted by a qualified professional.**
The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive training and direct experience in working with an adult population.
2. **Testing/assessment must be current.**
The determination of whether an individual is significantly limited in functioning according to Americans with Disabilities Act (ADA) criteria is based on assessment of the current impact of the impairment (See General Guidelines). A developmental disorder such as a learning disability originates in childhood and, therefore, information that demonstrates a history of impaired functioning should also be provided.
3. **Documentation must be comprehensive.**
Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include the following:
 - a) **a diagnostic interview and history taking**
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 to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include:

- a description of the presenting problem(s);
- a developmental history;
- relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits, attitudes, and notable trends in academic performance;
- relevant family history, including primary language of the home and current level of fluency in English;
- relevant psychosocial history
- relevant medical history including the absence of a medical basis for the present symptoms;
- relevant employment history;
- a discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning; and
- exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present.

b) a psychoeducational or neuropsychological evaluation

The psychoeducational or neuropsychological evaluation must be submitted on the letterhead of a qualified professional and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

c) assessment consisting of a comprehensive battery of tests

- a diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.
- objective evidence of a substantial limitation to learning must be presented.
- tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the domains to be addressed should include the following:

- ***Cognitive Functioning***

A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to Wechsler Adult Intelligence Scale-III

(WAIS-III), Woodcock-Johnson III Tests of Cognitive Ability, and the Kaufman Adolescent and Adult Intelligence Test.

- ***Achievement***

A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and written language. Acceptable instruments include, but are not limited to, the Woodcock-Johnson III Tests of Achievement, the Scholastic Abilities Test for Adults (SATA), and the Wechsler Individual Achievement Test-Second Edition.

Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test-3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement and, therefore, neither is acceptable if used as the sole measure of achievement.

- ***Information Processing***

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude – Adult (DTLA-A), Wechsler Memory Scale-III (WMS-III), information from the Woodcock-Johnson III Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.

- ***Other Assessment Measures***

Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above procedures to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, non-standardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

4. **Actual test scores must be provided (age-based standard scores where 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.

5. Records of academic history should be provided.

Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and post-secondary education should be included. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.

6. A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out.

The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis. The differential diagnosis must demonstrate that:

- significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
- the problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.

7. A clinical summary must be provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential, then, that the evaluator integrate all information gathered into a well-developed clinical summary. The following elements must be included in the clinical summary:

- demonstration of the evaluator(s) having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;

- indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- indication of the substantial limitation to learning presented by the individual in the context of the MCAT; and
- indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit, or failure to achieve a desired academic outcome are not learning disabilities and, therefore, are not covered under the Americans with Disabilities Act.

8. Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations of accommodations and a detailed explanation as to why each accommodation is recommended. Recommendations must be tied to specific test results or clinical observations.

The documentation should include any record of prior accommodations or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodations, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Documentation for applicants submitting a request for accommodations based on an Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to ADHD.

1. **The evaluation must be conducted by a qualified diagnostician.**
Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders, and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title, and professional credentials, including information about license or certification as well as the area of specialization, employment, and state in which the individual practices, should be clearly stated in the documentation.
2. **Testing/assessment must be current.**
The determination of whether an individual is "significantly limited" in functioning is based on assessment of the current impact of the impairment on the MCAT testing program. (See General Guidelines)
3. **Documentation necessary to substantiate the Attention-Deficit/Hyperactivity Disorder must be comprehensive.**
Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments and the like are necessary.

The evaluator is expected to review and discuss the extent to which the applicant meets the criteria for ADHD. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.

A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-IV) that significantly impair functioning in two or more settings.

The information collected by the evaluator must consist of more than self-report. Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:

- history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;

- developmental history;
- family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner;
- relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- relevant psychosocial history and any relevant interventions;
- a thorough academic history of elementary, secondary and post-secondary education;
- review of psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
- evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities.
- relevant employment history;
- description of current functional limitations relative to an educational setting and to MCAT in particular that are presumably a direct result of the described problems with attention;
- a discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and
- exploration of possible alternative diagnoses that may mimic ADHD.

4. Include relevant assessment batteries.

A neuropsychological or psychoeducational assessment is often necessary in order to determine the individual's strengths or weaknesses and to determine whether there are patterns supportive of attention problems. In addition, such evaluation often facilitates the determination of possible functional limitations. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from tests and subtests, including memory function tests, tests of executive processing, attention, tracking, or continuous performance tests do not, in and of themselves, establish the presence or absence of ADHD. They may, however, be useful as one part of the process in developing clinical hypotheses. Likewise, checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

5. Discuss identification of DSM-IV criteria.

A diagnostic report must include a review of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-IV for specific criteria). According to DSM-IV,

“the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.”

Other criteria include:

- symptoms of hyperactivity/impulsivity or inattention that cause impairment that were present in childhood.
- current symptoms that have been present for at least the past six months.
- impairment from the symptoms present in two or more settings (school, work, home).

6. Documentation must include a specific diagnosis.

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

7. A clinical summary must be provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- demonstration of the evaluator(s) having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
- indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
- indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested (e.g., impact on the MCAT program); and
- indications as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).

8. Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific

recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Prior documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, etc.). ***A prior history of accommodation, without demonstration of a current need, does not in itself warrant the provision of a similar accommodation.*** If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, and chronic tardiness or inattendance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.