Request for Reconsideration for MCAT Accommodated Testing

Reconsideration Instructions

If your request for accommodations was not approved, you have the option of asking for a reconsideration. In most cases, your request for reconsideration should include new information, such as new test results. A letter of appeal written by yourself or your doctor will not result in a reconsideration.

In order to have your request reconsidered, follow these four steps:

1. Complete pages 2-4 of this form. You may wish to consult your doctor or evaluator for assistance in completing portions of this form.
2. Have your evaluator complete and sign the Checklist for Evaluators form.
3. Collect all additional documentation to support your request.
4. Submit all materials to our office. The address is at the bottom of this page.

Requests for reconsideration may, at the discretion of the Director of Accommodations Review, be forwarded to an external reviewer who is an expert in the field in which you claim to have a disability. Your documentation will be kept strictly confidential. We may, at the discretion of the Director of Accommodations Review, release to the applicant portions of the external reviewer’s analysis. We do not release the name or contact information of the external reviewer.

Upon completion of our reconsideration, you will be informed in writing of our decision.

Please remember that it may take up to 30 days to review your request for reconsideration.

Association of American Medical Colleges
Attn: Saresa Davis, Mailroom Supervisor
MCAT Office of Accommodated Testing Services
655 K St., NW, Suite 100
Washington, DC 20001
Request for Reconsideration Form

(Please Note: Directions are provided on page 1)

Please type or clearly print responses to the following:

1. Name: ________________________________________________

2. AAMC ID #: _________________________

3. Address:_____________________________________________________________

4. City, State, Zip: _______________________________________________________

5. Telephone Number: ____________________________

6. E-mail address: ________________________________________________

7. Nature of your impairment (check all that apply):

   _____ Learning Disability
   _____ ADHD
   _____ Psychiatric Disorder (e.g., Anxiety Disorder, Depression, OCD)
   _____ Physical Disability (e.g., visual impairment, hearing impairment, mobility
            impairment, chronic medical conditions)
   _____ Other: ______________________________

8. If your request for accommodations was not approved because of insufficient or incomplete
documentation, such as missing components from a psychoeducational/neuropsychological
assessment, you were informed about these missing components in your letter from us.
Please explain where these missing components can be found (or attach new or updated
evidence):

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
9. Date of your most recent comprehensive psychoeducational/neuropsychological evaluation: __________

10. Regarding your evaluator:

   Name: __________________________

   Doctoral degree in which field: __________________________

   Doctoral degree earned in what year: ________

   Describe your evaluator’s experience in evaluating adults: __________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

   Please ask your evaluator to help you complete items 11-14:

11. For requests related to Learning Disabilities, ADHD, and psychiatric disorders:

   List the names and results of the tests used to satisfy the Exclusionary Criteria (described in the Evaluation Requirements), such as measures of social, emotional, and behavioral functioning:

   Test: __________________________ Result: __________________________________________

   Test: __________________________ Result: __________________________________________

   Test: __________________________ Result: __________________________________________

   Test: __________________________ Result: __________________________________________

12. For requests related to Learning Disabilities and/or ADHD:

   List the test names and Standard Scores (mean=100) of the *untimed achievement tests* (reading, written language, math) that were administered:

   Test: __________________________ Score: _____   Test: __________________________ Score: _____
Test: ____________________ Score: _____   Test: ____________________ Score: _____
Test: ____________________ Score: _____   Test: ____________________ Score: _____
Test: ____________________ Score: _____   Test: ____________________ Score: _____

Remember that tests should be scored using age-norms unless unavailable from the test manufacturer.

13. For requests related to Learning Disabilities and/or ADHD:

List the test names and Standard Scores (mean=100) of the timed achievement tests (reading, written language, math) that are below the Average range (below 90):

Test: ____________________ Score: _____   Test: ____________________ Score: _____
Test: ____________________ Score: _____   Test: ____________________ Score: _____
Test: ____________________ Score: _____   Test: ____________________ Score: _____

Remember that tests should be scored using age-norms unless unavailable from the test manufacturer.

14. For requests related to Learning Disabilities:

List the test names and Standard Scores (mean=100) of the tests of processing abilities that were administered, that are clearly related to the areas of significant underachievement (WAIS-IV subtests may NOT be the only tests of processing abilities):

Test: ____________________ Score: _____ Related to area of underachievement: __________

_________________________________________________________________________________

Test: ____________________ Score: _____ Related to area of underachievement: __________

_________________________________________________________________________________

Test: ____________________ Score: _____ Related to area of underachievement: __________

_________________________________________________________________________________

Remember that tests should be scored using age-norms unless unavailable from the test manufacturer.

Name of examinee: ___________________________________

Signed: ____________________________________________

Date: _________________