

An Overview for Applicants:

What Does My Evaluator Need to Do?

Documenting Acquired Brain Injuries (ABI), such as Post Concussive Syndrome (PCS), Traumatic Brain Injury (TBI), or other related cognitive disorders

A critical part of your request for accommodations is the professional assessment and documentation. To assist you and your evaluator in understanding the information that is required to support your request, we have outlined the necessary components of the evaluation in this document. If you find you have any questions or would like additional information, you may contact us at accommodations@aamc.org.

Why a Professional Evaluation is Required

The Association of American Medical Colleges is committed to providing appropriate accommodations to individuals with disabilities as defined by the American with Disabilities Act. At the same time, the Association must protect the validity of the MCAT exam by offering accommodations only when they are supported by appropriate evidence.

I. What are the General Requirements for Evaluators?

In brief, the following conditions must be met:

1. **The evaluator** must:
 - a. Be a qualified medical, mental health, or educational professional.*
 - b. Personally examine and evaluate the applicant.
 - c. Have comprehensive training and experience in the assessment, diagnosis, and/ or treatment of Acquired Brain Injury (ABI). Information from neuropsychologists, clinical or educational psychologists, physicians (e.g., neurologists, neurosurgeons, etc.), occupational or therapists or speech pathologists with expertise in this area may be appropriate.
 - d. Include his or her name, title, and professional credentials in the documentation, along with a statement regarding formal training and expertise in the assessment, diagnosis, or treatment of ABI. This information may be submitted in the form of his or her curriculum vitae.

*Given the complex nature of ABI, documentation may be submitted from multiple informants as long as an integrative analysis is provided that is accompanied by a rationale for each of the recommended accommodations.

II. How Current Must the Assessment Be?

Your comprehensive assessment must be “current”-conducted within a specific timeframe prior to the MCAT exam – in accordance with your disability. ABI is a heterogeneous category of conditions and the impact and/or course of recovery for an injury may vary considerably across individuals. Mild injuries may result in recovery within three months, while moderate to severe injuries may not resolve for months or years. Subsequent additional difficulties may also arise over time or develop as a result of treatment.

If your evaluation requires an update and you have limited funds to obtain that assessment, please review the information regarding eligibility for [Financial Assistance](#) from the AAMC.

Therefore, the timeframe for current documentation in the case of ABI may vary depending on the recency and/or severity of the injury. The chart below provides general guidelines as to the recency of ABI documentation required according to time of onset.

Documentation Guidelines by Date of Injury

Time Since Injury Onset	Documentation Recency Guidelines
The most recent episode of ABI occurred within the <i>past two years</i> .	<ul style="list-style-type: none"> ○ Generally, a comprehensive assessment should be submitted that occurred within <i>six months</i> of the accommodations request.
The most recent episode of ABI <i>occurred more than two years ago</i> .	<ul style="list-style-type: none"> ○ Generally, a comprehensive assessment should be submitted that occurred at the time of the event/ injury. ○ An additional comprehensive assessment should be submitted which was conducted no sooner than <i>two years</i> following the event/ injury. ○ Certification should be submitted that indicates the impairment and associated functional limitation is <i>permanent or unlikely to remit with 6 months</i> of the accommodations request date. ○ If the injury occurred <i>more than three years ago and was not deemed likely to be permanent</i>, an update letter addressing the continuing impairment and associated functional limitations, conducted <i>no more than six months</i> before the accommodations request date, is required.

**Updates do not necessarily require extensive psychological or psychoeducational assessment. A clinical description of current functional limitations and accommodations needs (with a rationale) from a qualified medical professional is sufficient.*

III. What Must the Comprehensive Assessment Include?

Due to the complex nature of ABI, documentation may be submitted from many types of qualified medical professionals (e.g., medical, psychological, educational and vocational specialists) to support your diagnosis and request for accommodations. Usually, a comprehensive assessment is also conducted (using standardized measures as a diagnostic tool). Although the specifics of the evaluation will vary according to the type and severity of the impairment associated with the injury, in general, the following components should be included:

1. ***A Narrative.*** A description of the pertinent facts regarding the ABI. This description should include the following:
 - a. Date of the injury or the onset of the condition
 - b. Details of the event that resulted in the injury/condition

- c. Presenting symptoms and relevant hospital/rehabilitation records
 - d. Diagnosis including a discussion of dual diagnosis or relevant co-morbidity
 - e. Background information including developmental history, educational history and pre-morbid functioning
 - f. Description of current symptoms and severity of impairment
2. **Standardized Test Results.*** The results of a neuropsychological/psychoeducational evaluation including assessment of the following:
- a. Intellectual functioning
 - b. Executive functioning
 - c. Memory
 - d. Sensory/motor abilities
 - e. Spatial reasoning
 - f. Processing speed
 - g. Emotional/ behavioral functioning
 - h. Academic functioning (i.e., measures of reading, written language, and mathematics).
3. **Description of Severity and Functional Impact.** A description of the current level of severity of the impairment resulting from the ABI as well as prognosis for recovery or chronicity of impairment. The evaluator should also provide details of the impact of the ABI on the individual’s current functioning across multiple domains (e.g., academic, social, emotional, vocational, etc.).
4. **Medication History.** A medication history including current medication and side effects (if pertinent).
5. **Integrative Analysis.** A detailed individualized analysis that integrates findings, historical information, and clinical impressions. The analysis should provide recommendations for accommodation including a rationale linking current functional limitations with suggested interventions.

*Please include standard scores and/or percentiles (using age norms) for all standardized tests.

IV. What Requirements Must the Evaluator Meet in Making Recommendations?

The evaluator must provide recommendations that:

- 1. Are individualized to you,
- 2. Recommend specific accommodations and/or assistive devices and,
- 3. Describe the rationale for each accommodation and/or device.

If additional time is requested, the evaluator should specify a specific amount of additional time along with a rationale for the specified amount of time. Requests for an untimed exam or “extra time” are not sufficient.

V. Is There Anything Else of Which I Should be Aware?

Finally, it will be helpful if you understand two concepts associated with the provision of accommodations. We describe these briefly for you below:

- 1. **Benchmark.** To be covered under the Americans with Disabilities Act, the “benchmark” is how well you are able to perform compared to *most people* in the general population.

2. **Purpose of Accommodations.** Pursuant to 28. C.F.R. § 36.309(b)(1)(i), the purpose of testing accommodations is to ensure, in a reasonable manner, that the “examination results accurately reflect the individual’s aptitude or achievement level or whatever other factor the examination purports to measure, rather than reflecting the individual’s impaired sensory, manual, or speaking skills (except where those skills are the factors the examination purports to measure).”