

Documentation Guidelines:

LEARNING AND COGNITIVE DISABILITIES

The following guidelines are intended to assist you and your evaluator in completing your request for accommodations on the GMAT exam. If you are seeking accommodations due to a cognitive or learning disability, or a neurological disorder that affects your cognitive abilities, such as a traumatic brain injury, you must submit a comprehensive psychoeducational assessment or neuropsychological assessment report.

Your assessment should include clinical findings, a complete history with accompanying educational and other relevant historical records, and the results of a comprehensive battery of tests administered by a professional with established credentials in the field (such as a professional license or board certification by a recognized board). The evaluation should assess motor-sensory, auditory, attention, visual-spatial, receptive and expressive language, immediate and delayed memory, achievement, and cognitive functioning. All scores generated by each test must be reported in standard score format using adult age-based norms.

The determination of whether an individual is significantly limited in functioning is based on an assessment of the current impact of the impairment, and documentation should typically be no older than three years old. In addition, for a developmental disorder such as a learning disability that originates in childhood, information that demonstrates a history of impaired functioning should also be provided.

1. **The testing/assessment must be comprehensive and include a diagnostic report.** Objective evidence of a substantial limitation in cognition/learning must be provided. The evaluation must be submitted on the letterhead of a qualified professional, and, in those jurisdictions where the professional must be licensed, the professional's license number should be provided.

The comprehensive evaluation should include the following:

- Relevant historical information regarding the individual's learning processes in elementary, secondary, and postsecondary education
- A description of the presenting problems
- A developmental history
- Relevant academic history, including results of prior standardized testing and, if available, reports of classroom performance and behaviors; transcripts; grade reports; teachers' notes and evaluations; tutoring reports, and other relevant academic records
- Relevant family history, including primary language of the home and current level of fluency in English
- Relevant psychosocial history
- Relevant medical history, including the reason behind the absence of a medical basis for the present symptoms, if applicable
- Relevant employment history, including any accommodations received

- A discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological, and/or personality disorders, along with any relevant medication and current use that may affect the individual's ability to perform
 - Exploration of possible alternatives that may mimic a learning disability when, in fact, one is not present
 - Other information deemed relevant by the diagnosing professional
2. **The assessment must include a Diagnostic Report.** The evaluation report must be submitted on the professional letterhead of a qualified professional and must provide clear and specific evidence that a cognitive disability exists. It is not acceptable to administer only one test, nor is it acceptable to base a diagnosis on only one of several subtests. All scores for all tests must be reported using appropriate age-based standard scores and norms. For tests with subtests, such as Wechsler Adult Intelligence Scale: Third Edition (WAIS-III) or Woodcock-Johnson Psycho-educational Battery III (WJ-III), the scores from all subtests must also be included. As noted above, all standard scores and percentiles should be on age-based rather than education-based (grade) norms. Domains included in each evaluation **MUST** include the following:

A. COGNITIVE FUNCTIONING

A complete cognitive assessment is required with all subtests and standard scores. The preferred instrument is the WAIS-III. The WAIS-R or other earlier versions are not acceptable. The Wechsler Intelligence Scale for Children (WISC) is not acceptable for demonstrating current impact of the condition in adults and thus, is not accepted. In addition to the WAIS-III, the aptitude area may be explored further by such tests as the WJ-III: Test of Cognitive Ability (subtests 1-14); the Stanford-Binet Intelligence Scale: Fourth Edition; or other tests that have norms for an adult population. Tests that do not have norms appropriate for the age of the applicant will not be accepted in this or any other category.

B. ACADEMIC ACHIEVEMENT

A comprehensive achievement battery, with all subtests and standard scores, should be provided. The battery should include current levels of academic functioning in reading (decoding and comprehension) and written language. Acceptable instruments include, but are not limited to, the WJ-III: Tests of Achievement; Scholastic Abilities Test for Adults (SATA); and Wechsler Individual Achievement Test: Second Edition (WIAT-II). The Wide Range Achievement Test-3 (WRAT-3) and the Nelson Denny Reading Test are not comprehensive measures of achievement and therefore are not acceptable if used as the **sole** measure of achievement. Please note that the WJ-III and WIAT-II do not measure sustained timed reading comprehension.

C. INFORMATION PROCESSING

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception and processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Commonly used instruments in this area include, but are not limited to, the WAIS-III; the WJ-III: Tests of Cognitive Ability; Wechsler Memory Scale-III; and the Halstead-Reitan Neuropsychological Battery. Other instruments also may be used to address these areas.

D.

E. OTHER ASSESSMENT MEASURES

Other assessment measures and informal assessment procedures may be integrated with the above instruments to help support a differential diagnosis or to delineate the learning disability from coexisting neurological and/or psychiatric issues.

F. EVALUATOR'S OBSERVATIONAL INFORMATION

The report should include whatever observations the evaluator believes appropriate based upon his or her clinical observation of the test taker, which were relied upon by the evaluator in arriving at a diagnosis or in providing specific recommendations for accommodations.

3. **Actual test scores must be provided.** Standard scores must be provided as well as identification of norms used to interpret the data. It is helpful to list all test data in a score summary sheet attached to the evaluation. **Please note that grade equivalents are not acceptable.** The particular profile of the individual's identified deficits must be shown to relate to functional limitations that necessitate the recommended accommodation(s). The test(s) used must be reliable, valid, and standardized for use with an adult population. The test findings must document both the nature and severity of the disability. Informal inventories, surveys, and direct observation by a qualified evaluator may be used in tandem with formal tests in order to further document the diagnosis and recommended accommodation(s).
4. **The assessment report must include a specific diagnosis.** Individual "learning styles," "learning differences," "academic problems," and "test anxiety" are not, by themselves, considered by GMAT Disability Services to be cognitive disabilities for which test accommodation(s) will be granted. The specific diagnosis must be supported by academic history and supporting objective educational records; test data; and anecdotal and clinical observations that may include comments about the test taker's level of motivation, study skills, and other non-cognitive factors. Discrepancies between test results, previous scores on other standardized admissions tests, and the applicant's history should also be addressed. The findings must describe the test taker's functional limitations and demonstrate that they are due to the diagnosed disability. It is important that the evaluator eliminate alternative explanations, such as emotional or attention problems that may interfere with learning but that do not, in and of themselves, constitute a disability in learning.
5. **Records of academic history should be provided.** Because learning disabilities are most commonly manifested during childhood, relevant records reflecting chronic and pervasive learning difficulties in elementary, secondary, and postsecondary education should be provided. Such records as grade reports, educational transcripts, teachers' reports, and similar materials should be used to substantiate self-reported past and present academic difficulties.
6. **A differential diagnosis must be provided, and 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 test taker's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

7. **The assessment report must recommend specific accommodations.** The evaluator must explain why each specific recommended accommodation is warranted. The evaluator should refer to test results and clinical observations that support the need for accommodation(s). Accommodations must not provide the GMAT test taker with an unfair advantage relative to other candidates or jeopardize test security. Instead, they should provide the test taker with equal access to the GMAT exam. GMAC does not provide unlimited time as an accommodation. An inability to complete the GMAT exam under standard time conditions is not automatically a reason for an accommodation of additional test time; many GMAT test takers who take the test under standard conditions do not complete the test in the allotted time.

Please note: A history of accommodation(s) does not, by itself, without demonstration of a current need, warrant the provision of a similar accommodation for the GMAT exam. If no prior accommodation has been provided, the evaluator and/or test taker should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

8. **All reports must be typed on official letterhead, dated, and signed with the name, title, and professional credentials of the evaluator.** The evaluator should be an impartial professional who is not a family member of the test taker.

APPLICATION PACKET CHECKLIST

From the test taker:

- Completed GMAT Test Accommodation Request Form
- Test fee (see *Bulletin* at mba.com)

From the qualified, non-family evaluator:

- Comprehensive evaluation
- Diagnostic report on official letterhead
- Cognitive assessment with all required subtests and standard scores
- Comprehensive academic achievement battery addressing information processing and other measures, evaluator's observations, and test scores with adult, age-based norms to interpret the data
- Specific and differential diagnosis, ruling out other possible causes for the identified problem
- Academic history records
- Specific accommodation recommendations