

VISUAL IMPAIRMENT DOCUMENTATION GUIDELINES
DISABILITY PROVIDER FORM

Your patient/client has requested accommodations through the Academic Success Office at Presbyterian College. The Academic Success Office coordinates the collection and review of documentation in conjunction with the Coordinator, Disability Support Services to provide reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

Student's Name _____

Student's Date of Birth _____

Date of Last Visit/Consultation _____

A visual impairment describes vision loss, resulting in either impaired vision or a complete lack of sight. Visual impairments may be categorized as partially-sighted, low vision, legally blind or completely blind.

In order to be considered eligible for reasonable accommodations relating to vision, the following documentation is required: a current vision test completed by an optometrist or ophthalmologist, completed **within three calendar years of the student's date of enrollment in Presbyterian College**. This should include the following:

- An individually administered test, with a report submitted by a qualified professional. This could include visual and medical history, test, observations, and objective data relating to the individual's vision
- A statement of the functional impact, and a rationale for academic accommodations. Describe the degree or current impact on the life of the individual. A link must be established between the manifestation of the vision loss and requested accommodations.

NOTE to PROVIDERS: Please submit this completed form along with any related documentation. Complete documentation is important. Inadequate information, incomplete answers and /or illegible handwriting may delay the eligibility review process for students.

1. Diagnosis (Include date of diagnosis, DSM-5/ICD-10 codes)

2. Current Symptoms

3. Limitations caused by disability

4. If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side effects.

5. Please indicate recommendations regarding accommodations for this student and the rationale as to why these accommodations are needed based on the student's limitations. Clearly indicate the accommodations you are recommending.

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Provider's Signature _____ Date _____

License/Certification # _____ State _____

Name/Title: _____

Address: _____

Phone: _____

Email: _____

DOCUMENTATION MAY BE SENT TO:

Presbyterian College
Academic Success Office/Accommodations
503 S. Broad Street
Clinton, SC 29325
Email: accommodations@presby.edu