



GUIDELINES FOR DOCUMENTATION

VERIFICATION OF A VISUAL DISABILITY

The Student Academic Support Services (SASS) Office provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. If you have any questions pertaining to documentation needs, feel free to contact **Student Academic Support Services at (740) 284-5358 or Email tgreathouse@franciscan.edu**.

STUDENT INFORMATION: *** To be completed by the student ***

Full Legal Name: _____

Date of Birth: _____ Cell Phone: _____

FUS ID#: _____ FUS Email: _____@student.franciscan.edu

Address: _____

MEDICAL INFORMATION: *** To be completed by the diagnosing professional ***

1. What is the diagnosis, date of diagnosis, and last contact with the student?

2. Please describe your assessment procedures and provide information about the student's visual acuity, the use of corrective lenses, ongoing visual therapy (if appropriate), etc.

3. What is the severity of the vision loss? Mild Moderate Severe

4. Is the vision loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the vision loss.

5. How does the vision loss impact this student in an educational setting (functional limitations)? Please be specific.

6. What recommendations do you have regarding accommodations and your rationale for each of the accommodations?

7. Are there any other associated disabilities, i.e. diabetes, M.S., glaucoma, etc., and what are the functional limitations associated with these disabilities?

8. Please add any additional comments that you feel appropriate:

PROVIDER INFORMATION:

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Telephone: _____

***Once completed, please return this form back to the student so that they may upload it with their SASS Disability Services Application (found on the FUS website).
If you have questions regarding this form, please call SASS at 740-284-5358.***