



# GUIDELINES FOR DOCUMENTATION

## *VERIFICATION OF A VISUAL DISABILITY*

The Center for Success (CFS) 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 **Shelby Gianni at (740) 284-5263 or Email [sgianni@franciscan.edu](mailto:sgianni@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: \_\_\_\_\_

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### **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 Accessibility Services Application (found on the FUS website).  
If you have questions regarding this form, please call CFS at 740-284-5263.***