



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. Documentation should be submitted by an external, qualified provider, as documentation from the University Counseling Center typically cannot be used on its own to support an accommodation request. If you have any questions pertaining to documentation needs, feel free to contact the Accessibility Coordinator at (740) 284-5358 or email accessibility@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 ***

The provider should refrain from restating the student's self-report (e.g., "student reports," "student endorses"); Accessibility Services requires objective diagnostic impressions. Note: Documentation based on a single encounter conducted solely to obtain a diagnosis may not provide enough information to establish a non-observable disability or an accommodation need and may require additional documentation.

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. REVISED 02/25

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 or on the Port). If you have questions regarding this form, please call Accessibility Services at 740-284-5358.