



**Disability Support Services**

2800 University Blvd. N.

Jacksonville, FL 32211

Phone: (904) 256-7067

## **Visual Impairments & Blindness Documentation Guidelines**

1. **Diagnosis:** Please list all diagnoses and supporting numerical assessments of vision.

Visual Acuity with correction: \_\_\_\_\_

Visual Acuity without correction: \_\_\_\_\_

**b. Evaluation Results:**

**c. Present symptoms that meet criteria for diagnosis being noted:**

**d. Current treatment being received by student:**

Medication management

Current medications: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

**e. Severity of symptoms:**

MiM

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### 3. Functional Limitations

Please check below the major college life activities and academic functions listed below that are affected by the disability/impairment in a college setting, indicating the level of limitation.

Life Activity	Negligible	Moderate	Substantial
Walking			
Breathing			
Seeing			
Hearing			
Speaking			
Sitting			
Standing			
Eating			
Sleeping			
Performing Manual Tasks			
Learning			
Thinking			
Concentrating			
Memory			
Reading			
Writing			
Attending Class			
Meeting Deadlines			
Interacting with Others			
Other:			

4. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?



5. Please indicate your recommendations regarding academic accommodations and accompanying justifications for the student (e.g., note-takers, extended time for tests, etc.).

<b>Student Name:</b>	
<b>Professional Signature:</b>	<b>Date:</b>
<b>Print Name, Title, Degree:</b>	
<b>Professional License Number:</b>	