

**TO:**

**FROM:**

**Webster University**

**RE: Criteria For Documenting Blind and Low Vision Disabilities**

The following student, \_\_\_\_\_ (DOB \_\_\_\_\_), has applied for support services available to qualified individuals with disabilities through Webster University. Current and comprehensive documentation of the student's disability must be on file at Webster University in order to determine appropriate and reasonable accommodations. The student has indicated that you could provide this documentation, along with information pertinent to the kinds of accommodations the student may need to function successfully in a college environment. We ask, therefore that you address the criteria outlined below on professional letterhead or complete the attached verification form. A signed release of information form is enclosed.

**~~CRITERIA FOR DOCUMENTING BLIND AND LOW VISION DISABILITIES~~**

1. A current diagnosis of visual impairment including acuity, prognosis, and prescription of correction and/or low vision aids. "Current" usually means within the last five years (if the loss is progressive, a more current diagnosis may be required).
2. A summary of how the disability substantially limits one or more life functions.
3. A summary of assessment procedures.
4. A summary of present functioning. If a progressive loss, include a prognosis.
5. Suggestions of reasonable accommodations (should be supported by the diagnosis).

**WEBSTER UNIVERSITY DISABILITY FORM**  
**STUDENTS WITH BLINDNESS OR LOW VISION**

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ID#: \_\_\_\_\_

**DIAGNOSTIC INFORMATION**

Diagnosis: \_\_\_\_\_

Visual Acuity (with and without correction, near and distant vision): \_\_\_\_\_

Is there a restricted field of vision? If so, describe: \_\_\_\_\_

Describe the functional nature of the disability: \_\_\_\_\_

Is the visual impairment stable or progressive? Describe; include prognosis: \_\_\_\_\_

Does the student have prescriptive lenses? For near vision or distance? \_\_\_\_\_

Have low vision aids been prescribed? If so, specify type and describe recommendations for use: \_\_\_\_\_

Is there impaired color perception? \_\_\_\_\_ For what colors? \_\_\_\_\_

Does the student benefit from any special lighting requirements? If so, please describe: \_\_\_\_\_

**INFORMATION SUPPORTING ACCOMMODATION REQUESTS**

Describe the student's functional limitations in an educational setting: \_\_\_\_\_

Describe the student's primary reading medium: \_\_\_\_\_

Please describe any mobility issues associated with the student's visual impairment: \_\_\_\_\_

How will the disability affect the student's class participation (attending lectures, doing research, writing papers, reading large amounts of information, meeting deadlines, working in small and large groups, ect.)? \_\_\_\_\_

**Have you any recommendations to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, or course requirements).**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>CERTIFYING AUTHORITY</b>
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**SIGNATURE:** \_\_\_\_\_

**PRINT NAME AND TITLE:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please accompany this form with a note on your professional letterhead**

**describing how long and under what conditions you have treated this patient.**