



OFFICE OF SPECIALIZED SERVICES

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**VISION IMPAIRMENT
DOCUMENTATION FORM**

Student's Name: _____

The student named above is applying for disability accommodations and/or services through the Office of Specialized Services (OSS) at Ramapo College. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with vision impairment and provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of a vision impairment in and of itself does not substantiate a disability. In others words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to a traditional diagnostic report. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website (www.ramapo.edu/students/oss/documentation.html) in order to view documentation guidelines. OSS expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of a vision impairment was derived through formal measures.
- The assessment information is not more than three years old.
- The form is being completed by an optometrist or ophthalmologist.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

What is the student's diagnosis? _____

How long has the student had this diagnosis/condition? _____

What is the student's visual acuity? _____

What is the severity of the condition? ____ Mild ____ Moderate ____ Severe

Explain the severity indicated above:

What is the expected duration? ____ Chronic ____ Episodic ____ Short-term

Explain the duration indicated above: _____

Is the vision impairment expected to remain stable or is it expected to decline? _____
If it is expected to decline, describe the expected progression of the vision impairment:

Date of first contact with student: _____ Date of last contact with student: _____

Are glasses, contacts, or other visual aids prescribed to assist in the student's visual acuity?
____ Yes ____ No If yes, how is the vision affected by use of such aid? What is the
visual acuity with the glasses, contacts, or visual aid?

Provide pertinent pharmacological history, including an explanation of the extent to which the
medication has mitigated the symptoms of the disorder in the past: _____

Provide information regarding the student's current presenting concerns (be specific):

Provide information regarding the student's current symptoms: _____

List the student's current medication(s), including dosage, frequency, and adverse side effects (if
applicable for the above-mentioned diagnosis): _____

Are there significant limitations to the student's functioning directly related to the prescribed
medications? ____ Yes ____ No If yes, explain: _____

Provide an explanation of the extent to which the medication currently mitigates the symptoms of the impairment: _____

Provide information regarding the impact, if any, of the disorder on a specific major life activity (e.g., learning, eating, walking, interacting with others, etc.). _____

Does the student currently utilize adaptive or assistive technology? ____ Yes ____ No
If yes, how will this equipment be utilized in a college setting?

State the student's functional limitations from the disorder specifically in a classroom or educational setting (e.g., can the student see the chalkboard, teacher, other students, books, materials etc.) What size print can the student read (if any)?

State specific recommendations regarding academic adjustments, housing accommodations, auxiliary aids, and/or services for this student, and the reason these academic adjustments, housing accommodations, housing accommodations, auxiliary aids, and/or services are warranted based upon the student's functional limitations (e.g., if a note-taker is suggested, state the reasons for this request related to the student's condition):

If current treatments (e.g., medications) are successful, state the reasons the above academic adjustments, housing accommodations, auxiliary aids, and/or services are necessary?

State specific recommendations regarding assistive or adaptive technology for this student, and a rationale as to how the assistive or adaptive technologies are warranted based upon the student's functional limitations. (e.g., if a screen reader is suggested, state the reasons for this request related to the student's disorder). Be as specific as possible (e.g., brand name, model #):

Has the student utilized the recommended technology in the past? If so, explain the proficiency of the student's usage. Was the technology utilized in an educational, home or work setting?

Does the student currently own this assistive or adaptive technology? If so, what brand and model #? _____

Certifying Professional

Name and Title

License or Certification #

Company/Office/Institution Affiliation Name

Address

Phone #

City, State, Zip

Fax #

Signature of Certifying Professional

Date

Please Return To:

Office of Specialized Services
Ramapo College of New Jersey
505 Ramapo Valley Road
Mahwah, NJ 07430

DOCUMENTATION RETENTION - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.