

## Documentation Form: Vision Impairments

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 provided 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 traditional diagnostic reports. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website ([www.ramapo.edu/oss/documentation-requirements/](http://www.ramapo.edu/oss/documentation-requirements/)) in order to view documentation guidelines. OSS expects the following in regards to this documentation form:

- The form will be completed with as much detail as possible as partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of vision impairment was derived through formal measures.
- The assessment information is not typically more than three years old.
- The form is being completed by 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? If so, 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 pertinent medication(s), 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?  
**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.).

In the event of an on campus emergency requiring evacuation (e.g. fire drill, bomb threat), will this student need assistance?

No

Yes

If **Yes**, please explain:

Does the student currently utilize adaptive or assistive technology? If so, 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, aids, and/or services for this student and the reason these accommodations are warranted based upon the student's functional limitations.

If current treatments (e.g., medications) are successful, state the reasons the above academic adjustments, 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 record. 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.