

**Student Disability Resources**

The Pennsylvania State University

[equity.psu.edu/sdr](http://equity.psu.edu/sdr)**VERIFICATION FORM for VISION IMPAIRMENTS**

Penn State's Student Disability Resources (SDR) office has established a Verification Form for Vision Impairments to obtain current information from a licensed, qualified practitioner (e.g., optometrist, ophthalmologist) regarding a student's vision impairment and its impact on the student and their need for accommodations. This Verification Form may supplement information that is provided in other reports, including medical reports or secondary school documentation. Any documentation, including this Verification Form, must meet Penn State's SDR guidelines for vision impairments.

A summary of the guideline criteria for documenting vision impairments is listed below (more information related to SDR documentation and guidelines for vision impairments can be found at the following website: [Link to Guidelines for Vision Impairments](#)).

1. Evidence of current vision impairment
2. Functional impairment affecting an important life skill, including academic functioning
3. History of use of visual aids or assistive technology related to vision impairment
4. Summary and recommendations

**I. Student Information: (Please Print Legibly or Type)**

Student's Name:

First: Middle: Last: Date of Birth: PSU ID #: Penn State campus student is attending: 

Student's Home Address:

Street: City: State: Zip: Phone Number:

**II. Provider Section:**

**1. Contact with Student**

- a. Date of initial contact with student:
- b. Date of last contact with student:
- c. Frequency of appointments with student (e.g., once a week, once a month):

**2. Diagnosis**

a. What is the student's diagnosis?

b. When was the student diagnosed with the condition?    Month     Year

c. What is the severity of the impairment?    Mild     Moderate     Severe

i. Explain the severity checked above:

d. What is the expected duration of the impairment?

Short-term (<6 months):

Episodic:

Long-term (>6 months-1 year):

Chronic (>1 year with frequent recurrence):

i. Explain the duration checked above:

e. Current Symptoms:

i. What is the student's current best-corrected visual acuity and visual field in each eye?  
(please explain in detail)

Visual Acuity (e.g., 20/XX)		Visual Field (e.g., XX degrees)	
Distance	Near	Central	Peripheral

ii. Is the vision loss expected to remain stable or is it expected to decline? If it is expected to decline, please describe the expected progression of the vision loss.

iii. Describe the proficiency of orientation and mobility of the student for independent travel (e.g., proficient in cane usage; uses a guide animal; has usable vision; uses GPS technology or other technologies; needs additional orientation and mobility training).

iv. Is there clear evidence that the symptoms associated with the vision impairment are interfering with or reducing the quality of at least one of the following, including academic functioning?

School functioning:	
Social functioning:	
Work functioning:	

**3. Student's History**

- a. Please include any historical information relevant to the student's vision impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

b. Assistive or Adaptive Technology:

- i. Are glasses, contacts, or other visual aids prescribed to assist the student's visual acuity? If so, what is the visual acuity with the glasses, contacts, or visual aids?

- ii. What does the student use to access print (e.g., size of enlarged print; Braille; text reader; screen reader)?

- iii. If the student currently uses assistive or adaptive technologies to facilitate visual performance, please list specifics related to the brand, model number, and proficiency of and setting for use (e.g., educational, home, work).

**4. Functional Limitations and Recommended Accommodations**

- a. Please list the student’s current symptoms associated with the vision impairment and indicate what reasonable academic accommodations would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the SDR website at:

<http://equity.psu.edu/sdr/applying-for-services/reasonable-accommodations>

<b>Example:</b> <i>Due to vision impairment, the student cannot read written information.</i>
<b>Symptom:</b> <i>Visual acuity extremely low</i>
<b>Recommended Reasonable Accommodation(s):</b> <i>Reader for tests or use of screen reading program (i.e., JAWS)</i>

<b>Symptom:</b>
<b>Recommended Reasonable Accommodation(s):</b>

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<b>Symptom:</b>
<b>Recommended Reasonable Accommodation(s):</b>

**III. Provider’s Certifying Professional Information:**

**Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (i.e., optometrist, ophthalmologist). The provider signing this form must be the same person answering the above questions.**

Provider’s Name:

First:

Middle:

Last:

Credentials:

License Number:

State of Licenser:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Can this completed Verification Form be released to the student? Yes  No

Signature of Provider:  Date:

**Submitting this Form:**

This form should be returned to the disability office at the Penn State campus where the student is enrolled. Information regarding other Penn State disability offices can be found at: [Campus Disability Coordinators](#). Please visit the SDR website and submit to the appropriate Penn State campus.