Blind/Low Vision: Accommodation Support Form

NOTE: Please type or print your answers on this form.

Student Information

Student Name:		
Student ID Number:		
Campus Address:		
Local Phone Number:		
Cause of Vis Retinal degeneration Cataracts Muscular problem Diabetic retinopathy Infection Trauma	sion Loss Albinism Glaucoma Corneal disorder Congenital disorder Cortical Other Please list.	
Please give brief explanation of cause		
Severity of Loss		
Severity of Loss	Eye Affected	
No vision loss	□R □L □R&L	
☐ Mild	□ R □ L □ R&L	
✓ Moderate✓ Severe	□ R □ L □ R&L □ R&L	
☐ Total	R L R&L	
Age of Onset		
Age of onset	Date of onset	
/ igo of officet	Date of office	

Visual Fields

Please describe the extent of visual fields.
Visual Acuity
vioual / toulty
Please describe the degree of visual acuity.
Thease describe the degree of visual activity.
Current Impact of Vision Loss on Academic Functioning
Current Impact of Vision Loss on Academic Functioning
Please describe the effects of the vision loss on academic functioning.
Prognosis
Please describe the prognosis.

Prescribed Treatment

Please list prescribed treatments, care, assistreatment may have on functioning.	
treatment may have on functioning.	
Recommendations for Acco	mmodations/Refe rrals
Audio format of written course materials	Lab assistant
Braille format of written course material	Service animal
Extended time for exams (time and a half)	Reader for exams
Extended time for exams (double time)	Braille exams
Scribe for scantron exam forms	Audio format of exams
Scribe for essay exams	☐ Enlarged Exams
Computer to type answers to exam questi	
Orientation and mobility training to unfamiHousing accommodations. Please list.	
rlousing accommodations. r lease list	
Referral for further assessment. Please in	
Alcohol and drug	Depression
Anxiety	Other. Please list.
Evaluator Inf	formation
Evaluator Name:	
Evaluator Litle:	
Evaluator Signature:	
Address:	
Phone Number:	
Fax Number :Email Address:	