

**University of South Florida  
Student Accessibility Services**

**Verification Form for Students with Blindness and Low Vision**

Students seeking support services from Student Accessibility Services (SAS) on the basis of a previously diagnosed vision impairment are requested to submit documentation that verifies their eligibility under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and the ADA Amendments Act. The documentation should describe a disabling condition, which is defined by the presence of substantial limitations in one or more major life activity. This form is intended to guide the documentation process. Please contact SAS at (813) 974-4309 with any questions. It is the student's responsibility to ensure that SAS receives this form or other appropriate documentation.

**All documentation submitted to SAS is considered confidential.**

**Original copies of documentation will not be returned.**

<b><u>Student Information:</u></b>	
<b>Name:</b> _____	
<b>U Number:</b> _____	<b>Phone:</b> _____
<b>USF Email:</b> _____	<b>Date:</b> _____

<b><u>Provider Information:</u></b>	
I certify, by my signature below, that I am not related to the student. My signature also certifies that I conducted, or formally supervised and co-signed, the diagnostic assessment of the student named above.	
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name and Title:</b> _____	
_____	
<b>State of License:</b> _____	<b>License Number:</b> _____
<b>Address:</b> _____	
<b>Street or P.O. Box City State Zip:</b> _____	
<b>Phone:</b> _____	<b>Fax:</b> _____

**University of South Florida  
Student Accessibility Services**

**Information below is to be completed by the Provider.**

**1. Diagnosis: Please list all diagnoses and supporting numerical assessments of vision.**

---

---

Visual Acuity with correction: \_\_\_\_\_

Visual Acuity without correction: \_\_\_\_\_

- a. Date diagnosed: \_\_\_\_\_
- b. Date of your last clinical contact with student: \_\_\_\_\_

**2. Evaluation**

- a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

- Medical Evaluation (CT, MRI, etc.).
- Standard eye exam.
- Specialized eye exam: Specify \_\_\_\_\_
- Structured or unstructured interview with student.
- Other (please specify). \_\_\_\_\_

- b. Evaluation Results:

---

---

- c. Present symptoms that meet criteria for diagnosis being noted:

---

---

- d. Current treatment being received by student:

- Medication management
- Current medications: \_\_\_\_\_
- Other (please describe): \_\_\_\_\_

- e. Approximate age of onset: \_\_\_\_\_

- f. Severity of symptoms

- Mild                       Moderate                       Severe

- g. Prognosis of disorder:

- Good (vision loss is stable)
- Fair (vision loss is changing but individual retains functional level of sight)
- Poor (vision is degenerative)

**University of South Florida  
Student Accessibility Services**

**3. Functional Limitations**

a. Does this condition significantly **limit one or more of the following major life activities?**

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Communicating				
Concentrating				
Hearing				
Learning				
Manual Tasks				
Reading				
Seeing				
Thinking				
Walking				
Working				
Other:				

b. Please check the current **functional limitations or behavioral manifestations** for this student:

	Not an Issue	Moderate Issue	Substantial Issue	Don't Know
Cognitive Processing				
Memory				
Processing Speed				
Meeting Deadlines				
Attending class				
Organization				
Reasoning				
Stress				
Sleep				
Appetite				
Other:				

c. For the purpose of establishing reasonable accommodations, please provide any additional information you feel may be useful for us to know about the student's disability, if applicable:

---



---



---



---