



**UNIVERSITY OF WISCONSIN - LA CROSSE**  
**The ACCESS Center**

**VERIFICATION OF LOW VISION/BLINDNESS**

The ACCESS Center provides services to students with low vision/blindness. In order to determine eligibility for services and appropriate accommodations, this office requires **current and comprehensive documentation** of the visual disability from the diagnosing **ophthalmologist, optometrist, or other licensed appropriate professional currently treating the student.**

**Please Print Legibly**

Student Name: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Disability diagnosis: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

First contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Please describe your assessment procedures and evaluation instruments providing both quantitative and qualitative information about the student's abilities including visual acuity, the use of corrective lenses, ongoing visual therapy (if appropriate), etc.

4. Describe the progression of this disability, if applicable.

5. Please describe the student's symptoms relating to the diagnosis. Which symptoms may affect the student's academic performance?

6. Please check the major life activities/functional limitations, both physical and academic, which are impacted by the disability and the degree of severity.

	Mild	Moderate	Severe	Not an issue
Sitting				
Standing				
Walking				
Breathing				
Reaching				
Lifting				
Performing Manual Tasks				
Maintaining Stamina				
Communication: Speaking				
Communication: Writing				
Communication: Reading				
Communication: Hearing/Listening				
Seeing				
Learning				
Thinking/Reasoning				
Calculating				
Memorizing				
Cognitive Processing				
Processing Speed				
Auditory Processing				
Concentrating				
Easily Distracted				
Organization				
Meeting Deadlines				
Attending Class Regularly				
Managing Stress				
Sleeping				
Interacting with Instructors				
Interacting with Peers				
Emotional Expression				
Understanding Verbal Direction				
Other:				
Other:				

Explanation of any major life activities/functional limitations that fall into the severe range.

7. What medication(s) is the student currently taking? How effective is the medication? How might side effects, if any, affect the student's academic performance?
  
8. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state reasons for this request related to the student's diagnosis).
  
  
  
  
  
  
  
  
  
  
9. Are there any associated disabilities? Please describe.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Please send or fax this information to the address indicated below:

**University of Wisconsin - La Crosse**

**The ACCESS Center**

**124 Wimberly Hall**

**1725 State Street**

**La Crosse, WI 54601**

**Voice: (608) 785-6900**

**Fax: (608) 785-6910**