

DOCUMENTATION OF VISUAL IMPAIRMENT

University of California, Davis – Student Disability Center

In order for the University of California, Davis to provide disability-related services, we need to establish that this student has a disability under California law, which defines a disability as an impairment that limits a major life activity. This form is designed to help us make that determination.

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING QUESTIONS

Student name _____ Medical Record #: _____

UCD Student ID #: _____ Birth Date: _____

Certifying Professional _____ Specialty/License: _____

Address: _____ Phone: _____

Fax: _____

1. Date of last appointment with this individual:
2. Clearly describe this individual's visual impairment:
3. Summarize the assessment procedures and evaluation instruments used to diagnose the impairment:
4. Specify functional limitations related to the impairment, i.e., length of time able to read, write, size of print needed, how long activity can be performed before needing a break, and how long breaks should last:
5. Specify visual acuity with best correction:
6. Provide a description of treatment(s) and/or assistive devices used to minimize the impact of the impairment:
7. List medication side effects (if applicable):
8. Indicate the prognosis with anticipated duration of limitations and impairment:

Authorizing Signature: _____ Date: _____

Return To:

Jennifer Gibson, Ph.D., Psychologist and Disability Specialist
Student Disability Center • University of California • One Shields Ave • Davis, CA 95616-8714
Phone: (530) 752-3184 • Fax: (530) 752-0161