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## Verification of Visual Impairment

The student named below has applied for services from the Special Needs Department at Gateway Technical College. In order to provide reasonable and appropriate services, current and comprehensive information regarding the functional impact of the disability is required. This form is intended to provide the Special Needs staff with sufficient information so that eligibility for services and appropriate accommodations can be determined. The information you provide is confidential and will not become part of the student's education record. In addition to the requested information, please attach any additional information you deem appropriate. Thank you for your assistance.

1. Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Date of last evaluation: \_\_\_\_\_
3. Diagnosis: \_\_\_\_\_
4. Is the impairment temporary or permanent? If applicable, please describe the progression of the vision loss.
5. Please provide a quantitative and qualitative description of the evaluation instruments used and the student's abilities (e.g., visual acuity, ability to discriminate colors/shapes/light or dark, visual field, etc.).
6. Please assess the degree of functional impairment due to the Visual impairment demonstrated by your patient.

**1 = Negligible    2 = Moderate    3 = Substantial    4 = Severe**

Talking	1	2	3	4
Walking	1	2	3	4
Hearing	1	2	3	4
Sitting	1	2	3	4
Standing	1	2	3	4
Seeing	1	2	3	4
Writing	1	2	3	4
Dexterity	1	2	3	4
Sleeping	1	2	3	4
Reading	1	2	3	4
Social Interactions	1	2	3	4
Concentrating	1	2	3	4
Memorizing	1	2	3	4
Other _____	1	2	3	4

7. How might this impairment substantially limit the student's functioning in an academic setting?

8. Please list any current medication and side effects that may impact the student's academic performance.

9. What auxiliary aids or current treatment is the student using?

10. Is there anything else you would like us to know about this student?

_____ Signature of Professional		_____ Date	
_____ Medical Professional's Name and Title (printed)		_____ License Number	
_____ Address	_____ City	_____ State	_____ Zip
_____ Telephone Number		_____ Fax Number	