



**Disability Services**  
[disabilityservices@byuh.edu](mailto:disabilityservices@byuh.edu)  
 808-675-3518

## VERIFICATION FORM for VISUAL IMPAIRMENTS

BYU–Hawaii supports a climate of equal opportunity in its programs, activities, and services according to applicable law, including providing accommodations for students with disabilities. As part of the process for requesting accommodations, a student must provide documentation from a licensed, qualified practitioner who is the primary treating professional (e.g., optometrist, ophthalmologist) regarding the student’s vision impairment and its impact on the student’s major life activity, and their need for accommodations. This Verification Form may supplement information that is provided in other reports, including neurological reports, neuropsychological evaluations, or secondary school documentation. Any documentation, including this Verification Form, must meet BYUH DS guidelines for visual disorders.

A summary of the guideline criteria for documenting neurological disorders is listed below (more information related to DS documentation and guidelines for neurological disorders can be found at the following website <https://disability.byuh.edu/>)

1. Evidence of current vision impairment
2. Functional impairment affecting an important life skill, including academic functioning
3. History of use of visual aids or assistive technology related to vision impairment
4. Summary and recommendations

This form will be reviewed by the Disability Services Coordinator (DSC) who will verify the disability as to the reliability of the request. The DSC will then notify the student if they are eligible for accommodations.

### I. Student Information Section: (Please Print Legibly or Type)

**BYUH ID #:**

Student’s Name

First:

Middle:

Sur/Last:

Date of Birth:

Student’s Current Address:

Street:

City:  State:  Zip:

Phone:

Email:

## II. Provider Section:

### 1. Contact with Student

- a. Date of initial contact with student:
- b. Date of last contact with student:
- c. Frequency of appointments with student (e.g., once a week, once a month):

### 2. Diagnosis

- a. What is the student's diagnosis?

- b. When was the student diagnosed with the condition?    Month     Year

- c. What is the severity of the impairment?    Mild     Moderate     Severe

- i. Explain the severity checked above:

- d. What is the expected duration of the impairment?

Short-term (<6 months):

Episodic:

Long-term (>6 months-1 year):

Chronic (>1 year with frequent recurrence):

- i. Explain the duration checked above:

e. Current Symptoms:

- i. What is the student’s current best-corrected visual acuity and visual field in each eye?  
(please explain in detail)

Visual Acuity (e.g., 20/XX)		Visual Field (e.g., XX degrees)	
Distance	Near	Central	Peripheral

- ii. Is the vision loss expected to remain stable or is it expected to decline? If it is expected to decline, please describe the expected progression of the vision loss.

- iii. Describe the proficiency of orientation and mobility of the student for independent travel (e.g., proficient in cane usage; uses a guide animal; has usable vision; uses GPS technology or other technologies; needs additional orientation and mobility training).

- iv. Is there clear evidence that the symptoms associated with the vision impairment are interfering with or reducing the quality of at least one of the following, including academic functioning? Describe how the impairment will interfere with functioning.

School functioning:	
Social functioning:	
Work functioning:	

**3. Student's History**

- a. Please include any historical information relevant to the student's vision impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

- b. Assistive or Adaptive Technology:

- i. Are glasses, contacts, or other visual aids prescribed to assist the student's visual acuity? If so, what is the visual acuity with the glasses, contacts, or visual aids?

- ii. What does the student use to access print (e.g., size of enlarged print; Braille; text reader; screen reader)?

- iii. If the student currently uses assistive or adaptive technologies to facilitate visual performance, please list specifics related to the brand, model number, and proficiency of and setting for use (e.g., educational, home, work).

**1. Functional Limitations and Recommended Accommodations**

- c. Please list the student's current symptoms associated with the vision impairment and indicate what reasonable academic accommodations would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the DS website at <https://disability.byuh.edu/>

<b>Symptom:</b>
<b>Recommended Reasonable Accommodation(s):</b>

<b>Symptom:</b>
<b>Recommended Reasonable Accommodation(s):</b>

<b>Symptom:</b>
<b>Recommended Reasonable Accommodation(s):</b>

\*Use the back, if necessary.

### III. Provider's Certifying Professional Information:

**Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, or neuropsychologist). The provider signing this form must be the same person answering the above questions.**

**\*Note:** For ethical reasons, documentation from a family member or relative cannot be accepted, even if they are licensed.

Provider's Name: (International Providers, please fill out as much information as possible about your qualifications)

First:

Middle:

Last:

Credentials:

License Number\*:

State of Licensor:

Street Address:

City:

State:

Zip:

Phone #:

Email Address:

Signature of Provider:

Date:

Stamp Here (unless provider is from BYUH):

\*\*

***I authorize BYU-Hawaii to receive information from the healthcare provider above. I also authorize my healthcare provider to discuss relevant information as to my condition(s) with the appropriate and qualified BYU-Hawaii personnel on an as-needed basis.***

Signature of Student:

Date:

#### Submitting this Form:

This form may be returned to the student or submitted directly to the Disability Services Office at BYU-Hawaii. Information regarding BYU-Hawaii's Disability Services Office can be found at: <https://disability.byuh.edu/>. If you have any additional questions, you may contact [disabilityservices@byuh.edu](mailto:disabilityservices@byuh.edu) or 808-675-3518. Thank you for assisting BYU-Hawaii in this accommodation process.