



## Disability Services

### Blind and Visual impairment- Sensory Disorder Documentation

#### Definition

Blind and visual impairments include a reduction or loss of vision that is not correctable through glasses/contacts. The limitation of the visual system ranges from low vision to complete blindness. Visual disorders may affect a person's visual acuity, visual field, light sensitivity, visual perception and convergence of vision or a combination of these features.

#### Examples of common types

retinitis pigmentosa, strabismus, diabetic retinopathy, ocular albinism, cataracts, low vision and blindness. This is not an exhaustive list.

#### Common treating professionals

ophthalmologist and optometrist

#### Notes for consideration

- Any accommodation recommendation must be related to the disability.
- Please consider any recommendation for accommodation in relation to a postsecondary environment not K-12. Accommodations are provided at the postsecondary level to ensure access. Documentation is only one part of the interactive process.
- Any provided data or evaluation (Snellen test, visual field test) should be accompanied by a written summary of results.
- Documentation may need to be updated depending on the changing nature of the disability.
- The full Board of Regents guidelines may be found here: [BOR Disability Documentation](#)

#### Required documentation

Documentation should be provided by your treating specialist. The specialist may submit a letter on professional letterhead detailing the following information or complete the attached form. The following information is required:

1. Diagnosis and corresponding ICD code along with the professional's name, license number and signature
2. Data used to diagnose and currently treat or monitor the medical condition of the individual (Current information is usually within three years but may vary based on the nature of the disorder from permanent condition to rapidly changing condition.)
3. Description of the history of the disorder for this individual
4. Description of current symptoms of this disorder that the individual is experiencing
5. Information on the severity of the disorder
6. Current prognosis for this individual
7. Description of the stability of the condition  
Is it chronic, episodic, temporary, permanent or relatively unchanging?
8. Current treatment of this individual in regard to their disability
9. Side effects of treatment or medication
10. Limitations in relation to academics, housing, or the general college environment



Student name and GGC ID number:

Diagnosis name and ICD number:

\*Please fill out a new form for each diagnosis.

Description of the individual's history regarding their disability (Please include the date of diagnosis and how it manifested and displayed in the individual.)

What data was collected to inform the diagnosis and degree of severity? Attach any supporting summaries or reports.

Description of current symptoms associated with impairment and current functioning

Current severity of the disorder

Current prognosis for this individual (chronic, episodic or temporary)

Current treatment plan if any and how often this is assessed

Limitations in relation to academics, housing, or the general college environment

Provider name and title:

License #:

Provider address and phone:

Provider signature and date: