



Accommodations at Collin College for Equal Support Services

Low Vision / Blind

Collin College follows the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973 in developing accommodations with students. Academic accommodations by the ACCESS Office are there to ensure **equal access** to educational activities and programs at Collin College.

Third party documentation will be considered as part of an interactive and individualized process that allows the ACCESS Office to determine eligibility and understand how a student's disability substantially limits one or more major life activity. Reasonable accommodations are recommended based on an understanding of the student's needs, functional limitations, and proposed academic adjustments.

Students are encouraged to upload any third-party documentation when they complete the Student Disclosure and Accommodations Request Form. However, having this documentation on file is not a requirement to schedule a meeting.

If you do not have documentation supporting a diagnosed disability, the attached form can be completed by an Educational Diagnostician, Medical Professional, Psychologist and/or School Psychologist, Speech or Language Therapist, Psychiatrist, Licensed Professional Counselor, etc. to support a diagnosed disability.

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1. If the evaluation and diagnosis is made by an Ophthalmologist or Optometrist please provide the evaluator's name, title, and professional credentials. **The evaluator must be impartial and not related to the person being evaluated.**
2. Documentation from the attending physician must be typed on letterhead
3. The documentation must include:
 - Specific medical diagnosis for the disabling condition(s) with supporting numerical description. (e.g., 20/200, visual field less than 20 degrees)
 - Visual Acuity

Low Vision / Blind

- Indication of the status of the disability:

Is the disability stable, chronic, progressive, fluctuating? Is the disability temporary or permanent?
 - List of current functional limitations for the individual in an educational setting
 - Recommendations for academic accommodations based on specific conditions/symptoms of the disability (e.g., adaptive technology/equipment, Braille, enlarged font, specific lighting)
4. The diagnosis must be current. However, the age of the documentation is dependent on the nature/stability of the disability. It should accurately reflect how the disability currently impacts the student in a college setting
 5. Documentation must reflect the **functional limitations** and current symptoms/conditions.
 6. Medical professional may complete **Documentation Guidelines for Low Vision/ Blind form** to assist in providing information requested above. ***This form can be used to accompany or supplement medical reports. Please type or print.***



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Low Vision / Blind Form

I, _____, request that _____ complete and submit the document below to Collin College’s ACCESS Office to assist them in determining my eligibility for academic accommodations. I consent to the release of this information and other pertinent medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

_____ Student
Name (print) Student Signature Date DOB

If under 18 years of age, a parent must also sign this request. _____
Parent Signature Date

Dear Medical Professional,
The above-mentioned student has applied for academic accommodations with Collin College. In order to determine if this student will qualify, we need your medical / clinical assessment of this student. We are requesting the necessary information to determine if this student’s medical condition substantially limits one or more major life activities, including learning. **PLEASE TYPE OR PRINT.**

1) Please list student’s diagnoses and medical condition: _____

2) Date of initial diagnosis: _____

3) Is the patient currently under your care? Yes / No Date last seen: _____

4) List patient’s current level of visual acuity:

5) Medical condition is: stable / progressive



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**Documentation Guidelines
Low Vision / Blind Form**

Student: _____

Primary Diagnosis: _____

Please list current functional limitations as they relate to an educational setting ((i.e. – unable to read blackboard / white board, unable to read below 14 pt. font, unable to see textbook or materials without direct overhead light, etc.)

Please list recommendations for academic accommodations based on functional limitations you listed above:

Note: Evaluator must be impartial and not related to the person being evaluated.

Certifying Medical Professional:

Date

Medical Professional’s Title

Medical Professional’s Name (print)

Medical Professional’s Signature

Mailing Address

Phone

City, State, Zip

Fax

Please mail or fax completed form with supporting documents to address below: