
DOCUMENTATION OF VISUAL IMPAIRMENT

Cal Poly, San Luis Obispo – Disability Resource Center

In order for us to provide disability-related services, we need to establish that this individual has a physical, sensory or mental impairment that limits one or more of the major life activities. This form is designed to help us make that determination.

PLEASE PROVIDE THE FOLLOWING INFORMATION IN FULL

Patient/Student Name: _____ Date: _____
Last First M.I.

Note: Please attach a copy of any supportive report or test results you believe would be helpful to us in determining eligibility and appropriate services.
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1. Date of last appointment with this individual:

2. Please describe this individual's visual impairment:

Vision loss is: ☐ mild ☐ moderate ☐ severe

3. Specify visual acuity with best correction:

4. Is this impairment permanent or temporary? If temporary, what is the expected duration?

5. Quality of Life: In general, this individual's quality of life is:

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

6. Please specify functional limitations related to the impairment (i.e., length of time able to sustain reading and/or writing; size of print needed; how long activity can be performed before needing a break; length of breaks between activities).

7. **Functional Limitations:** Please check the level of limitation you believe this individual experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

1 = Unable to determine				2 = Mild				3 = Severe			
1	2	3		1	2	3					
			Caring for Oneself				Learning:				
			Talking				• Reading				
			Hearing				• Writing				
			Breathing				• Spelling				
			Seeing				• Quantitative Reasoning				
			Walking/Standing				• Math Calculating				
			Lifting/Carrying				• Processing Speed				
			Sitting				• Memorizing				
			Performing Manual Tasks				• Concentrating				
			Eating				• Listening				
			Working				Other:				
			Interacting with Others								
			Sleeping								

8. Additional Comments:

Note: Qualified diagnosing professionals are licensed optometrists and ophthalmologists and, in some instances, other licensed physicians. The diagnosing professional must have expertise in the diagnosis of the documented disability, follow established best-practices in the field, and not be related to the patient.

Print Name _____ License Number: _____

Signature: _____

Address _____

Phone _____ Fax _____ Email _____

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