

Aquinas College Accessibility Services Office

1700 Fulton St. E., Wege Center Room 103

Grand Rapids, MI 49506

P: (616) 632-2177 / F: (616) 732-4467

Disability Verification: Blindness and Visual Impairment

Aquinas College is required by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (1990), and the Americans with Disabilities Amendment Act (2008) to provide accommodations that are needed for equitable access to the College's programs and services.

Federal law defines a disability as a "physical or mental impairment which substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that any diagnosed condition in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" a major life activity.

Aquinas College Accessibility Services Office strives to provide accommodations for qualified students. By law, this office is unable to modify requirements that are essential to the course or program, or provide accommodations for persons whose impairments do not substantially limit one or more major life activity. Students seeking services must provide appropriate medical documentation in order for this office to determine eligibility for accommodations and, if eligible, determine appropriate accommodations.

Students who are requesting accommodations due to a mental health condition need to have this form completed by a licensed psychiatrist, psychologist, or other qualified and licensed mental health professional. Professionals completing this form must have first-hand knowledge of the student's condition, and ideally experience diagnosing and treating college students. Diagnosis of a disability by a family member is not acceptable.

Student Information

To be completed by student

I request that this form be completed and returned, along with any supporting documentation regarding my condition, to Aquinas College Accessibility Services Office.

Student Signature _____ Date _____

Student Name (Print) _____ Student ID _____

Healthcare Provider Information

To be completed by healthcare provider's office

The information I have provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification.

Signature: _____ Date: _____

Print name, Title, Credentials: _____

Address: _____

Phone: _____

Medical Information

To be completed by healthcare provider's office

Diagnosis:

Date of Onset:

Date of Diagnosis:

Visual Acuity (with best correction):

Distance: OD OS OU

Near OD OS OU

Visual Field OD OS OU

Other comments about the diagnosis:

(e.g. night vision, depth perception, ocular mobility/balance, color perception, etc.)

Prognosis:

Expected duration, stability, or progression of the condition, etc.

Medication:

Treatments, medications, devices, or services currently prescribed or used to address the diagnosis above (e.g. monocular telescope, low-vision devices, long cane, CCTV, use of dog guide, etc.)

Impact on Student's Ability to Learn:

From your perspective, describe possible accommodations that could facilitate academic performance.

On Campus Housing or Meal Plan Accommodations:

Provide recommendations for **campus housing/residence hall/dorm** accommodations (e.g. a single room). Include a clear rationale between key components (symptoms, functional limitations) of the diagnosed condition and the accommodation requested and any past accommodations and their effectiveness.

Additional comments/information: