

Texas Christian University

Disabilities Services
Center for Academic Services
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Web <http://www.acs.tcu.edu/disability>

Documentation Guidelines for TCU Students with Disabilities

Blindness and Low Vision

Legal blindness: In the better eye, (1) visual acuity 20/200 or less with correction, or (2) a visual field limitation such that the widest part of the visual field covers an angle no greater than 20 degrees.

Low vision: Severe visual impairment that typically is partially improved, but not fully resolved, by corrective lenses.

The University requires comprehensive documentation of the student's disability in order to fully evaluate requests for accommodations and to determine eligibility for services. Documentation should be presented to the Disabilities Services Office. Information concerning a student's disability is treated in a confidential manner in accordance with University policies as well as applicable state and federal laws. Appropriate University professional(s) shall review documentation to verify the existence of a disability and to determine appropriate accommodations. Should accommodations be approved, they are not retroactive. They take effect upon delivery to and after conferencing with the student's professor(s).

A diagnosis of a disability alone does not automatically qualify an individual for accommodations under the ADA. To establish the need for reasonable accommodations and services, **the documentation must indicate that the disability substantially limits one or more major life activities and must support the request for services, accommodations, academic adjustments, and/or auxiliary aids that are appropriate in a postsecondary environment.**

I. A qualified professional must conduct the evaluation:

Professionals conducting assessments, rendering diagnoses, offering clinical judgments, and making recommendations for accommodations must be qualified to do so. It is essential that professional qualifications include both (1) comprehensive training and relevant expertise in the specialty and (2) appropriate licensure/certification. For most individuals who are blind or have low vision, the evaluation should be performed by an optometrist or ophthalmologist. The name, title, and credentials of the qualified professional writing the report should be included. Information about licensure or certification, including the area of specialization, employment and the state or province in which the individual practices, should also be clearly stated in the documentation.

II. Documentation should reflect current functional limitations:

Because of the changing manifestations of many visual conditions, it is essential that the student provide recent and appropriate documentation from the optometrist or ophthalmologist. If the diagnostic report is more than three years old, the student must submit a letter from a qualified professional that provides an update of the diagnosis, an indication of the severity of the academic functional impact of the disability and a rationale for each of the requested accommodations. The nature, severity, and extent of the student's condition and the functional limitations as they relate to academics should be addressed. The recommendations cannot be supported solely by a history of prior accommodations or self-report. In some cases, an updated letter from a qualified professional may simply address why older documents or reports continue to be relevant.

III. Documentation to support the diagnosis should be comprehensive:

The diagnostic report should include the following components-

- A. **A specific diagnosis.** Qualified professionals are encouraged to cite the specific objective measures used to help substantiate diagnoses. The evaluator should use definitive language in the diagnosis of a visual condition, avoiding such speculative language as "suggests," "is consistent with," or "could have problems with."
- B. **A description of current functional limitations.** This would include daily life activities in academic with the understanding that a disability usually presents itself across a variety of settings.
- C. **A history.** This would include a history of presenting symptoms, date of onset, and duration and severity of the disorder.
- D. **Current medical information.** This would include relevant developmental, medical, and historical data about the condition and how the current functional limitations restrict the condition, manner, or duration of the student's performance of a major life activity.

IV. A disability-related rationale for each accommodation or device should be included:

A link pertinent to the testing situation must be established between each requested accommodation and the individual's functional limitations. The professionals should be highly specific with the disability-driven rationale for the requested accommodation(s). A prior history of accommodations alone, without demonstration of current need, does not warrant the provision of accommodations. Furthermore, if there is no prior history of accommodations, the documentation must include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

V. Vision Statement

Please address the following points in a narrative statement submitted on letterhead. The statement should be in English, typed, dated and signed, with a license number.

- A. Current diagnosis, including a statement as to whether the condition is progressive or stable;
- B. Best corrected visual acuities for distance and near vision;
- C. Eye health;
- D. Visual fields: threshold fields, not confrontation (provide measurements and copies of reports);

- E. Binocular evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether the applicant experiences difficulty with distance, near-point, or both;
- F. Accommodative skills: at near point, with and without lenses (provide measurements);
- G. Oculomotor skills: saccades, pursuits, tracking;
- H. Clinical observations; and
- I. Functional impact: How do the points summarized above, in combination, impact the student in academically? For example, is it likely that the student will experience double vision? Headache? Visual fatigue? Will the student benefit from more time WITH the test, or more break time AWAY from the test, or both, or neither? Is the functional impact likely to be different with a print test than with a test taken on computer? If so, why and how?

(From ETS Guidelines)