

Texas Christian University

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 of accommodation letter(s) to and after conferencing with the student's professor(s). Student Disabilities Services will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

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 need for academic and/or housing requests for services, accommodations, academic adjustments, and/or auxiliary aids that are appropriate in a postsecondary residential environment.**

Please address the following points in a narrative statement letter submitted on professional letterhead; the letter should be in English, typed, and dated, with the physician's signature and license number. The physician's business card should be attached. Mail the letter directly to Center for Academic Services-- Student Disabilities Services.

Please follow the guidance given below:

I. A qualified professional must conduct the evaluation.

Professionals conducting assessments, rendering diagnoses, and offering clinical judgments must be qualified to do so. It is essential that professional's qualifications include both (1) comprehensive training and relevant experience in the specialty with an adolescent and young adult population; and (2) appropriate licensure/certification. For most individuals who are blind or have low vision, the evaluation should be performed by a doctor of ophthalmology or optometry. 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 in both academic and residential settings. The nature, severity, and extent of the student's condition and the functional limitations as they relate to a postsecondary environment 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 differential 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 academics and housing 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, duration and severity of the disorder, and whether the disorder is stable, progressive or degenerative.
- 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 major life activities.
- E. A link pertinent to the academic environment must be established between each requested accommodation and the individual's functional limitations. 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. Please include a vision statement.

- A. Best corrected visual acuities for distance and near vision;
- B. Eye health;
- C. Visual fields: threshold fields, not confrontation (provide measurements and copies of reports);

- D. Binocular evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether the applicant experiences difficulty with distance, near-point, or both;
- E. Accommodative skills: at near point, with and without lenses (provide measurements);
- F. Oculomotor skills: saccades, pursuits, tracking;
- G. Clinical observations;
- H. Academic functional impact: How do the points summarized above, in combination, impact the student in academic functioning? For example, is it likely that the student will experience double vision? Headache? Visual fatigue? Will the student benefit from more time WITH a test, or more break time AWAY from a 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?
- I. Residential functional impact: How do the points summarized above, in combination, impact the student's performance of activities of daily living? What will be the impact on the student's experience in housing and residence life?
- J. Driving functional impact: Does the student drive? Does the student have a driver's license with or without restrictions? Is the student's driving more impacted during the evening hours than during daytime hours? What recommendations do you have regarding driving?