

## Visual Disability Verification Form

AccessAbility Services - University of Waterloo

NH, 200 University Avenue West, Waterloo, ON N2L 3G1

Phone: 519.888.4567 ext. 35082 Fax: 519.746.2401

Web: [uwaterloo.ca/accessability-services/](http://uwaterloo.ca/accessability-services/) E-mail: [access@uwaterloo.ca](mailto:access@uwaterloo.ca)

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The Visual Disability Verification Form is meant to supplement information that is provided in a full ocular evaluation report. AccessAbility Services (AS) requests documentation of a disability for the purpose of establishing disability status, understanding how the disability may impact a student, and supply adequate information on the functional impact of the disability so that effective reasonable accommodations can be identified. This form is intended to assist our service in determining eligibility for reasonable accommodations.

In addition to the verification form, a current evaluation report from a prescribing ophthalmologist, physician or optometrist should be submitted. The report should outline the student's current symptoms; medications and their impact on the student's well-being as well as the need for accommodations.

All information gathered by AS will be reviewed to determine eligibility for reasonable accommodations at The University of Waterloo. Reasonable accommodations are individually determined and should be based on the functional impact of the condition and; how it is likely to interact with the environment. As such, accommodation recommendations may vary from individual to individual, even among those with the "same" disability diagnosis. Disability documentation submitted to AS is treated in a confidential manner according to all pertinent provincial and federal regulations.

Our service considers the individual with a disability to be a valuable source of information regarding the impact of their disability and the effectiveness of accommodations. Following admission to AS, the student requesting services will meet with an advisor either in person or by phone to assist in the discuss the academic accommodation plan and make changes as required during the admission.

### Note:

**Documentation for vision related difficulties may require periodic updates, especially if changes occur in the student's functioning or requests for reasonable accommodations change.**

**Individualized Educational Plans (IEP) and/or Identification Placement and Review Committee (IPRC) summaries from high school will be accepted as supporting documentation only. IEP/IPRC's are not sufficient to access academic accommodations and are not transferrable to this university.**

***Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person completing the form.***

**Please submit pages #2 through #6 with your application**

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### Purpose of this form

AccessAbility Services (AS) requires documentation from a licensed health care professional, who is qualified to communicate a diagnosis and has in-depth knowledge of a student's condition, in order to arrange academic accommodation and/or related services. Information on this form also may be used to assess a student's eligibility for financial support or other programs for students with disabilities while at the University of Waterloo. Documentation should be as complete as possible in order to facilitate AS's assessment of a student's request for services. All documentation of a student's disability is kept strictly confidential and is not released without written permission from the student.

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### To be completed by student

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Number: \_\_\_\_\_

I authorize the professional named in this form to disclose/share information concerning myself to AccessAbility Services (AS), University of Waterloo.

I understand that the information will be used to help plan accommodations and to support my learning while at university.

I understand that AS has the right to review my file and request updated documentation at any time during my admission to the University of Waterloo.

I further understand that this information will remain confidential to AS and will be securely stored during my admission to the University of Waterloo.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Student's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

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### Office Use Only

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

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### **Diagnostic Statement**

Please provide a clear diagnostic statement or indicate that the student's difficulties do not meet criteria for a diagnosis. If more than one condition is present that may affect academic progress, please specify all relevant conditions.

### **Diagnosis**

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Date of the condition's onset: \_\_\_\_\_

Date of last clinical assessment: \_\_\_\_\_

How long have you been treating this student? \_\_\_\_\_

What is the severity of the disorder?    Mild             Moderate             Severe

Please select the appropriate descriptions as they apply to the student's condition:

Permanent & Long-term disability with chronic or continuous/ongoing symptoms (longer than 1 year with frequent recurrence)

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Permanent & Long-term disability with episodic symptoms - (>6 months-1year)

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Updated documentation regarding disability status should be reassessed every \_\_\_\_\_ because of the changing nature of the illness.

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Temporary & Short-term disability (<6 months) - *Winter Term* ending April 30, 20\_\_\_\_

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Temporary & Short-term disability (<6 months) - *Spring Term* ending August 31, 20\_\_\_\_

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Temporary & Short-term disability (<6 months) - *Fall Term* ending December 31, 20\_\_\_\_

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Temporary Disability - *Other* \_\_\_\_\_

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Non-disabling condition in the current academic setting

Explain the duration checked above:

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What is the student's visual acuity and visual field (Explain in detail)?

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Are glasses, contacts or other visual aids prescribed to assist the student’s visual acuity? If so, what is the visual acuity with the glasses, contacts or visual aid?

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Is the vision loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the vision loss.

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Describe the proficiency of orientation and mobility of the student for independent travel (e.g., is the student proficient in cane usage; use of a guide animal; has usable vision; uses GPS technology or other technologies; or needs additional O & M training).

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What does the student utilize to access print (enlarged print, what size; Braille; text reader; screen reader etc.)?

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***Current Symptoms and Recommended Accommodations***

Please list the student’s current symptoms. Indicate what reasonable academic accommodations and/or services the student will require. Your rationale for each request should be based upon specific functional limitations related directly to the student’s visual impairment. See example:

Example: *“Due to student’s visual impairment, the student cannot read written information.”*

Symptom: *visual acuity extremely low*

Recommended Reasonable Accommodation: *Reader for tests or use of screen reading program JAWS.*

Symptom: \_\_\_\_\_

Recommended Reasonable Accommodation(s): \_\_\_\_\_

Symptom: \_\_\_\_\_

Recommended Reasonable Accommodation(s): \_\_\_\_\_

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Symptom: \_\_\_\_\_

Recommended Reasonable Accommodation(s):  
\_\_\_\_\_

**Assistive or Adaptive Technology**



Please list the student’s current use of assistive or adaptive technologies (brand and model #).

\_\_\_\_\_

Please explain the proficiency of the student’s usage of the assistive technology. Was the technology utilized in an educational, home or work setting?

\_\_\_\_\_

**STATEMENT OF DISABILITY**

Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and can impact the student’s eligibility for funding. ***Permanent disability is defined as a functional limitation due to the disorder that restrict the student’s ability to perform daily activities necessary to participate in post-secondary studies, and that is expected to remain with the student for the student’s expected life.***

1. In your professional opinion, does this condition constitute a disability? (Please circle)    Yes    No

2. Is this a permanent disability as defined above? (Please circle)    Yes    No

3. If this is a temporary disability what is the anticipated **duration**? From \_\_\_\_\_ to \_\_\_\_\_

4. This is a non-disabling condition in the academic setting? (Please circle)    Yes    No

Additional Information:

\_\_\_\_\_

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The health care professional should also send any reports that provide additional related information. Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.

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**CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_ Registration # \_\_\_\_\_

Office Stamp

Area of Specialization:  Ophthalmologist  Optometrist  Other (specify) \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

