



SIMMONS COLLEGE
DISABILITY SERVICES
 ACADEMIC SUPPORT CENTER, SUITE P304
 300 The Fenway • Boston, Massachusetts 02115.5898
 phone: 617.521.2473 fax: 617.521.3079

Student Name: _____
Social Security Number: _____
Simmons ID Number: _____

Simmons College requires the submission of documentation for students who are blind or have low vision who request accommodations through the College. Students must submit a current diagnosis (within the last three years) by a qualified optometrist. The age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's specific request for accommodations. Progressive vision loss requires regular updates. Please have your licensed health professional complete the following information:

(Add attachments as necessary)

■ Section One – Diagnosis Information

PRIMARY DIAGNOSIS: _____

DATE OF ESTABLISHMENT: _____ **DATE OF LAST EVALUATION:** _____

DESCRIBE STUDENT'S LEVEL OF VISION LOSS: _____

■ Section Two – Evaluation Procedures

LIST WHAT ASSESSMENT PROCEDURES AND/OR EVALUATION INSTRUMENTS WERE USED TO MAKE THE DIAGNOSIS AND PROVIDE RESULTS (PROVIDE NUMERICAL DESCRIPTION):

PROCEDURE/ INSTRUMENT	RESULTS	DATE
PROCEDURE/ INSTRUMENT	RESULTS	DATE
PROCEDURE/ INSTRUMENT	RESULTS	DATE
PROCEDURE/ INSTRUMENT	RESULTS	DATE

DESCRIBE STUDENT'S PRESENT SYMPTOMS THAT MEET THE CRITERIA FOR THE DIAGNOSIS: _____

■ Section Three – Impact of Diagnosis and Recommendations

WHAT IMPACT STATUS OF THE INDIVIDUAL'S VISION LOSS (STATIC OR CHANGING) HAVE UPON THE DEMANDS OF THE ACADEMIC PROGRAM? _____

PLEASE PROVIDE A STATEMENT REGARDING THE USE OF CORRECTIVE LENSES AND/OR ONGOING VISUAL THERAPY (IF APPROPRIATE): _____

DESCRIBE LIMITATIONS OF THE VISION LOSS ON LEARNING OR OTHER MAJOR LIFE ACTIVITY AND THE DEGREE TO WHICH IT IMPACTS THE INDIVIDUAL IN THE LEARNING CONTEXT:

PLEASE PROVIDE A LIST OF APPROPRIATE ACCOMMODATIONS RECOMMENDED AND HOW THEY WILL ADDRESS THE STUDENT'S SPECIFIC NEEDS: _____

OTHER COMMENTS: _____

EVALUATOR: _____
NAME TITLE LICENSE NUMBER

ADDRESS: _____
STREET NAME AND NUMBER SUITE

CITY STATE ZIP PHONE NUMBER

SIGNATURE DATE