

DOCUMENTATION GUIDELINES

Visual Disabilities



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This document was adapted from the Association on Higher Education and Disability ([AHEAD Best Practices: Seven Essential Elements of Quality Disability Documentation](#)), from the University of Colorado at Boulder ([Documentation Guidelines for Visual Disorders](#)), and from Carnegie Mellon University ([Guidelines for Documentation of Visual Disorders in Adolescents and Adults](#)).

VISUAL DISABILITIES

Introduction

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with visual disorders are guaranteed certain protections and rights to equal access to programs and services. In order to access these rights, an individual must present documentation indicating that the disability substantially limits some major life activity. The following documentation requirements are provided in the interest of assuring that documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments, and/or auxiliary aids. Requirements for documentation are presented as seven essential elements:

- the credentials of the evaluator;
- a diagnostic statement identifying the disability;
- a description of the diagnostic methodology used;
- a description of the current functional limitations;
- a description of the expected progression or stability of the disability;
- a description of current and past accommodations, services, and/or medications; and
- recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

Essential Elements of Quality Disability Documentation

1. The Credentials of the Evaluator(s)

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected. Ophthalmologists are the primary professionals involved in diagnosis and medical treatment of individuals who are blind or experience low vision. Optometrists provide information regarding the measurement of visual acuity as well as tracking and fusion difficulties (including but not limited to eye movement disorders, inefficiency in using both eyes together, misalignment of the eyes, lazy eye, focusing problems, visual sensory disorders, and motor integration). Fellows of the College of Optometrists in Vision Development may also provide therapy in treating the above optometric conditions.

The following information regarding the evaluator must be clearly stated in the documentation:

- Name
- Title
- Professional Credentials
 - License or Certification
 - Area of Specialization
 - State in which individual practices

All reports should be on letterhead, typed, dated, signed, and otherwise legible.

2. A Diagnostic Statement Identifying the Disability

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

3. A Description of the Diagnostic Methodology Used

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

4. A Description of the Current Functional Limitations

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

While relatively recent documentation is recommended in most circumstances, common sense and discretion is used in accepting older documentation of conditions that are permanent or non-varying. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.

5. A Description of the Expected Progression or Stability of the Disability

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for

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exacerbations and recommended timelines for re-evaluation are most helpful.

6. A Description of Current and Past Accommodations, Services and/or Medications

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

7. Recommendations for Accommodations, Adaptive Devices, Assistive Services, Compensatory Strategies, and/or Collateral Support Services

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. Appropriate accommodations must be supported by documentation and collaboratively determined by the student and Disability Services Staff at the University of Northern Iowa.

Documentation Delivery Instructions

All documentation, along with a completed Request for Services form and a completed Request for Documentation Review form, should be submitted to:

Student Disability Services
University of Northern Iowa
103 Student Health Center
Cedar Falls, IA 50614-0385

OR

(319)-273-6884 (Fax)

All documentation is considered confidential and is treated as such.

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Appendix A: Recommendations for Consumers

1. For assistance in finding a qualified professional:
 - contact the school counselor or disability services coordinator at the institution you attend(ed) or one that is similar to the institution you plan to attend;
 - discuss your future plans with the school counselor or disability services coordinator at the institution you attend(ed) or plan to attend; and
 - refer to the attached list of resources and organizations for further assistance.

2. In selecting a qualified professional:
 - ask what his or her credentials are;
 - ask what experience he or she has had working with adolescents or adults with visual disabilities; and
 - ask if he or she has ever worked with the service provider at your institution.

3. In working with the professional:
 - take a copy of this policy to the professional; encourage him or her to clarify questions with the person who provided you with these guidelines;
 - be prepared to be forthcoming, thorough, and honest with requested information; and
 - know that professionals must maintain confidentiality with respect to your records and testing information.

4. As follow-up to the assessment by the professional:
 - request a written copy of the assessment report;
 - request the opportunity to discuss the results and recommendations;
 - request additional resources if you need them; and
 - maintain a personal file of your records and reports.