



Visual Impairment Documentation Guidelines

Durham Technical Community College provides reasonable accommodations for students with a documented visual impairment. Post-secondary students no longer have IEPs because the Individuals with Disabilities Education Act (IDEA) does not exist at the college level; however, an IEP may be included as part of a more comprehensive report. Durham Tech students are governed under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, specifically subpart E.

Durham Tech Accessibility Services Office will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided for the individual. Students with disabilities are expected to satisfy the academic standards required by the college and perform essential course functions without substantially altering the curriculum requirements.

Student: Complete this release form and return to the Durham Tech Accessibility Services Office. Be sure to complete the personal impact statement on page 2.

Stu	ident name:	Date of birth:
Stu	udent ID number:	Phone:
Add	dress:	
Sigi	gnature:	Date:
RE	QUIRED DOCUMENTATION—Must b	e current (within the past five years)
1.	professional. All documentation mus	an ophthalmologist, optometrist, or other licensed eye care t be submitted on the official letterhead of the professional should be dated, signed and include the name, title, and ator.
2.	·	gnosis and specify best corrected visual acuity and degrees e date of diagnosis, date of last visit, and severity of the y and treatment plan.
3.	limitations it may impose. The impact academic requirements. Document	nas on the individual's visual ability and the functional t should be discussed with particular detail regarding ation consisting only of a diagnosis, chart notes, is insufficient. Do not submit handwritten
4.	If specific recommendations of accordance accommodation to the functional limit	nmodations are made, the rationale must relate the tations imposed by the disability.
Eva	aluator's name (please print):	
Lice	ensure/Certification:	Date:

Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with an accessibility services staff member. You may attach additional pages if necessary. In addition to your response, you may also ask others who currently know you or have observed you to submit answers to these questions in a separate document.

Name:	Date:	
Email:		
Program of study:	Student ID number:	
Describe in as much detail as possible the dia substantially limiting your ability to learn.	agnosed condition that is currently impacting and	
Documented disability:		
Describe in as much detail as possible how the limited your ability to learn in the recent past.	he diagnosed condition has impacted and substan	tially
Current impact:		
		
		
Describe the accommodations or services that	t you think you will need to be successful at Durham	Tech.
Accommodations/Services:	-	