VISUAL IMPAIRMENT DOCUMENTATION GUIDELINES

Wake 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. Wake Tech students are governed under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, specifically subpart E.

Wake Tech Disability Support Services 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 send it to the appropriate professional or school.**

I, ____________________________, authorize the release of the following information to Disability Support Services at Wake Technical Community College for the purpose of determining my eligibility for education accommodations.

Date: ______________  Full Name Printed: ___________________________________________________________________________  Date of Birth: ______________

Phone Contact: ____________________________________  Student Signature: ____________________________________

**REQUIRED DOCUMENTATION**

1. Documentation must be provided by an ophthalmologist, optometrist, or other licensed eye care professional. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.

2. Documentation should include a diagnosis and specify best corrected visual acuity and degrees of visual field in each eye. Include the date of diagnosis, date of last visit, and severity of the condition, as well as treatment history and treatment plan.

3. Describe the impact the impairment has on the individual’s visual ability and the functional limitations it may impose. The impact should be discussed with particular detail regarding academic requirements. **Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. Do not submit handwritten documentation.**

4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

Evaluator’s Name Printed: ____________________________________

Licensure/Certification: ________________________________  Date: ____________________

Form 1266 R-7 (10-30-17) LW/ML

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Southern Wake Campus
9101 Fayetteville Road ♦ Raleigh, NC 27603-5696
919.866.5670 ♦ 919.662.3616 fax
919.324.3833 Sorenson Video Phone
http://disabilityservices.waketech.edu

Northern Wake Campus
6600 Louisburg Road ♦ Raleigh, NC 27616-6328
919.532.5713 ♦ 919.866.7916 fax
919.324.3833 Sorenson Video Phone
http://disabilityservices.waketech.edu

Perry Health Sciences Campus
2901 Holston Lane ♦ Raleigh, NC 27610
919.334.1510
919.324.3833 Sorenson Video Phone
http://disabilityservices.waketech.edu