



The University of Georgia

Regents' Center for Learning Disorders

# Documentation Checklist for Visual Disorders

Name:

DOB:

Status:

Enrollment Term:

## GENERAL REQUIREMENTS

- Documentation within three years or meets exceptions? Date:
- Diagnosis clearly stated? Date:
- Examiner credentials: (Licensed, Certified, etc.)

## DIANOSTIC INFORMATION

- Degree of visual acuity
- Severity (mild, moderate, severe)
- History of condition
- Duration of condition (chronic, episodic, or short term)
- DOCUMENTATION ACCEPTED**

## SYMPTOMS

Describe symptoms relating to the diagnosis.

**FUNCTIONAL LIMITATIONS** (how condition affects student academically and/or physically)

**ASSISTIVE TECHNOLOGY**

**ACCOMMODATIONS NOTES**