

# JOLIET JUNIOR COLLEGE

## STUDENT ACCOMMODATIONS & RESOURCES

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### VISUAL IMPAIRMENT AND DISABILITY ASSESSMENT

In order for the Joliet Junior College to provide disability-related services, we need to establish this student has a disability. A disability is defined as impairment substantially limiting a major life activity. This form is designed to help us make that assessment. Please respond to the following items.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Student: \_\_\_\_\_

#### 1. Impairment Assessment

A. What is his/her visual acuity? \_\_\_\_\_

Without correction \_\_\_\_\_

With correction \_\_\_\_\_

B. Does he/she have a visual field loss? If so, please describe.

\_\_\_\_\_

C. Does he/she need bifocal lenses? Please describe and explain.

\_\_\_\_\_

D. Is there a discrepancy between his/her distance and near vision?

\_\_\_\_\_

E. Does he/she have an eye muscle imbalance? If so, please describe.

\_\_\_\_\_

F. Would he/she benefit from the use of magnifiers?

\_\_\_\_\_

G. What is the strength (in diopters) of his/her lenses?

\_\_\_\_\_

H. Does he/she wear corrective lenses (eyeglasses and/or contact lenses)?

\_\_\_\_\_

I. What is the diagnosis/impairment? \_\_\_\_\_

J. When was the diagnosis originally made? \_\_\_\_\_

K. Is the impairment temporary (<6 months) or persistent? \_\_\_\_\_

Health Professional's Name: \_\_\_\_\_

Clinic name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Professional's Signature: \_\_\_\_\_