DIRECTIONS II

DIRECTIONS FOR DOCUMENTATION OF A VISUAL DISABILITY

MANDATORY: FROM YOUR HEALTH CARE PROVIDER, MEDICAL DOCTOR, OPTHOMOLOGIST OR OPTOMETRIST: (Show this form to the evaluator)

1. A “State of Texas Interagency EYE EXAMINATION REPORT” dated within the past 12 months.
2. A “Functional Vision” evaluation dated within the past 12 months. This evaluation should specifically address functional implications with and without correction.

TO THE HEALTH CARE PROVIDER;
According to legal standards, documentation must be very thorough in order to secure accommodations under federal guidelines for Americans with Disabilities. Even if a student is diagnosed with a disability, accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation of major life activities to this person. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested.

FROM YOUR UNDERGRADUATE SCHOOL:
MANDATORY: If your Visual Impairment occurred while you were in undergraduate school, call or write your Accommodations Department and request:

1. A “Learning Media Assessment” with recommended assistive technology.
2. A copy of accommodations you received while attending your undergraduate school.

FROM AN OUTSIDE SETTING, SUCH AS TEXAS COMMISSION FOR THE BLIND:
Forward copies of any assessments completed since your graduation from undergraduate school. An outside evaluator, such as the Texas Commission for the Blind may have conducted these assessments.

FROM OUTSIDE TESTING AGENCIES:
An official notice of testing accommodations granted for the LSAT if you received accommodations.
RECOMMENDED NONSTANDARD CLASSROOM AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

- specified seating (front, back, middle, end in a classroom)
- restroom breaks if necessary (classes are about 50 minutes in length)
- other (specify __________________________)
- braille version of exam of books
- enlarged print of exam (12 pt. Font is used)
- use of magnifying glass
- other special devices (specify __________________________)
- reader
- special assistance in gridding scantron
- additional testing time
- sign language interpreter
- audio cassette version of exam
- separate testing area (section of classrooms, separate room if available)
- breaks (specify __________________________)
- food or drinks during exam
- medication during exam
- water during exam
other: ____________________________________________

I understand that this completed Form II must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

__________________________________________  __________________________
Signature of Licensed Physician/Licensed Professional       Date