

# DISABILITY SERVICES

University of South Carolina Upstate

## Visual Impairment Verification Form

Student: \_\_\_\_\_ USC ID: \_\_\_\_\_

(Self Service Carolina No.)

1. Describe the symptoms associated with the visual impairment and the student's prognosis:

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2. What is the student's visual acuity with correction?

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3. Describe the progression of this impairment, if applicable.

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4. Describe how this visual impairment may affect this student both academically and/or physically:

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5. List any assistive devices and/or adaptive equipment currently being used:

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Signature of Professional

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Professional's Name (Printed) and Title

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Date\_\_\_\_\_

Name of Practice

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Professional Credentials License or Certification No.

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Address- City, State, Zip.

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Telephone Number & Fax\_\_\_\_\_

Disability Services

University of South Carolina Upstate

800 University Way, CLC 107

Spartanburg, SC 29303

864-503-5199 phone

864-347-3328 fax