



Office for Disability Services
Southern Maine Community College
2 Fort Road
South Portland, ME 04106

Phone: (207) 741-5832 or
(207) 741-5923
Fax: (207) 741-5678

Services for Students with Diagnosed Disability
Visual Disability – PROVIDER FORM

Student Name: _____ **D.O.B.:** _____

1. Diagnosis:

2. Onset diagnosis date: _____

Recent professional visit date: _____

3. Please describe the student current presenting concerns and current status.

4. Please describe how the symptoms related to the student condition are significant enough to substantially limit one or more major life activity (e.g. learning, eating, walking, interacting with others, etc.) in the academic and/or residence hall settings.

5. What is the student’s visual acuity? Please, explain.

6. Is the condition variable over time? ____Yes ____No

Please Explain: _____

7. Determination of reasonable accommodations in the academic setting will be decided by the SMCC Disability Support Services professional after review of disability documentation. Suggestions and/or recommendations are welcome along with an explanation of the relevance related to the diagnosis.

Professional Information:

Name: _____

Title: _____

Credentials: _____

Contact information: _____

Signature of professional: _____

Date: _____

PLEASE RETURN THIS FORM TO:

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Phone: (207) 741- 5923
Fax: (207) 741- 5678
Email: disabilityservices@smccme.edu
www.smccME.edu