

Candidate Name: _____

ETS Vision Documentation Report

The Vision Documentation Report is comprised of two parts:

Part I addresses diagnosis, visual acuity, eye health, and visual fields and must be completed by a qualified professional (an optometrist or an ophthalmologist) who is familiar with the candidate's disability and can address all relevant sections. The professional should refer to specific tests, clinical observations, or other objective data and provide documentation of test results where relevant.

Part II addresses the functional impact of the disability on processing speed, reading, and/or test taking. This should be completed by an ophthalmologist or optometrist or by a psychologist or a reading or learning specialist with relevant training and experience.

NOTE: If you are legally blind and will test exclusively with tactile or auditory input (braille, reader, recording), making no use of visual material, your evaluator need only complete Part I, sections A. and B. (current diagnosis and visual acuity).

To prevent delays in the processing of accommodation requests, it is very important that all information provided be legible.

Part I: Visual and Medical History

A. Current Diagnosis (including as statement as to whether the condition is progressive or stable):

B. Best Corrected Visual Acuities for Distance and Near Vision:

Please complete only those sections that are relevant to the candidate.

C. Eye Health:

D. Visual Fields: threshold fields, not confrontation (provide measurements and copies of reports)

E. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether the client experiences difficulty with distance, near-point, or both.

F. Accommodative Skills: at near point, with and without lenses (provide measurements)

G. Oculomotor Skills: saccades, pursuits, tracking

I certify that all the information on this form is true and correct to the best of my knowledge.

1

Signature

Print name

License/Certification Number

Date

Candidate Name: _____

PART II: Functional Impact

Describe how the individual's diagnosis and symptoms may impact his or her ability to take a standardized test. Please include a strong rationale for each of the requested accommodations. Recommendations cannot be supported solely by a history of prior accommodations.

It may be appropriate to include:

- standardized measures of reading rate and processing speed,
- clinical observations,
- the candidate's history and current use of support services, and/or
- specific information concerning the individual's functioning in either a paper-based or a computer-based testing situation. (Note: Not all formats are available for all tests.)

I certify that all the information on this form is true and correct to the best of my knowledge.

2

Signature

Print name

License/Certification Number

Date