

**Policy Statement for Documentation of Blindness and Low Vision in
Adolescents and Adults**

2013

**Office of Disability Policy
Educational Testing Service
Princeton, NJ 08541**

COVER SHEET

The optometrist or ophthalmologist, the disability service provider, and the test taker with a visual disability should each receive and read this entire document.

The optometrist or ophthalmologist should complete ONLY Part 1 of the Vision Documentation Statement, then send it to the test taker.

The disability service provider should complete ONLY Part 2 (if applicable) of the Vision Documentation Statement, then send it to the test taker.

The test taker should complete ONLY Part 3 of the Vision Documentation Statement.

The test taker should then submit Parts 1 and 3, and Part 2 if applicable, to ETS.

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I. Preface and definitions

These guidelines are intended to help test takers with a variety of visual impairments identify appropriate professional evaluation materials to support accommodation requests. This documentation is necessary to validate both the presence of a disability and the need for reasonable accommodations for candidates seeking to register with Educational Testing Service (ETS). These guidelines may be used to verify eligibility for reasonable and appropriate accommodations as defined under Section 504 of the Rehabilitation Act as amended and the Americans with Disabilities Amendments Act (ADA AA) and are intended for use by individual test takers and qualified diagnosticians. Once we review your materials, we may request additional information to clarify the level of severity of your impairment and the reasonableness of your accommodation requests. ETS acknowledges that each test taker's circumstances are unique and that a case-by-case approach to documentation requirements is helpful to both individuals and their evaluators.

ETS has separate guidelines for [documentation](#) of learning disabilities (LD), attention deficit/hyperactivity disorder (ADHD), hearing loss, physical disabilities and chronic health-related conditions, and psychiatric disabilities.

Definitions:

Legal blindness: In the better eye, (1) visual acuity 20/200 or less with correction, or (2) a visual field limitation such that the widest part of the visual field covers an angle no greater than 20 degrees.

Low vision: Severe visual impairment that typically is partially improved, but not fully resolved, by corrective lenses.

II. Confidentiality statement

Test takers should be assured that reviewers of disability documentation will be sensitive in reviewing this information. Furthermore, to safeguard confidentiality, evaluators may withhold or redact any portion of the documentation that is not directly relevant to ETS's criteria for establishing both a disability, as defined by the ADA AA, and a rationale for testing accommodations. ETS will not release any information regarding an individual's diagnosis or medical condition without his or her informed written consent or under compulsion of legal processes. Information will be released only on a "need to know" basis except where otherwise required by law.

III. Introduction

Under the Americans with Disabilities Act Amendments Act (ADA AA) of 2008, and Section 504 of the Rehabilitation Act as amended, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. The ADA AA defines a disability as a physical or mental

impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, walking, standing, lifting, breathing, speaking, communicating, concentrating, reading, and working.

To establish that an individual is covered under the ADA AA, documentation must indicate that the individual has a specific disability that substantially limits or restricts the condition, manner, or duration of performing a major life activity. A diagnosis of a disorder/condition/syndrome or impairment in and of itself does not automatically qualify an individual for accommodations under the ADA AA.

IV. Who must submit documentation from a qualified professional?

- A. If you are legally blind or have low vision (as defined above), you do NOT need to submit documentation from a qualified professional if you are submitting a *Certification of Eligibility: Accommodations History* and you are requesting only accommodations from the following list:
- Screen magnification
 - Selectable background and foreground colors
 - Braille
 - Large print (test book and/or answer sheet)
 - Computer-voiced (GRE revised General Test only)
 - Audiocassette or CD recording
 - Reader
 - Scribe
 - Braille slate and stylus
 - Perkins braille
 - 50% extended time (time and one-half)
 - Extra break time
- B. You need to submit documentation from a qualified professional ONLY if:
- a. you are unable to submit a *Certification of Eligibility: Accommodations History*, or
 - b. you are requesting accommodations on the basis of an eye problem other than acuity and/or visual field issues, such as an eye coordination problem (e.g., convergence insufficiency) or symptoms such as double vision, visual fatigue, or eye pain, OR
 - c. you are requesting any accommodation other than
 - Screen magnification
 - Selectable background and foreground colors
 - Braille
 - Large print (test book and/or answer sheet)
 - Computer-voiced (GRE revised General Test only)
 - Audiocassette or CD recording
 - Reader
 - Scribe
 - Braille slate and stylus
 - Perkins braille

- 50% extended time (time and one-half)
- Extra break time

V. Vision Documentation Statement

The ETS Vision Documentation Statement is composed of three parts:

- **Part 1** – To be completed by an optometrist or ophthalmologist.
It addresses diagnosis, visual acuity, eye health, and visual fields. The professional who writes the report should have personally evaluated or examined the test taker and should refer to specific tests, clinical observations, or other objective data and provide documentation of test results where relevant.
- **Part 2** – To be completed by the service provider or other qualified professional.
It addresses the functional impact of the visual disability on academic tasks and/or test taking. If scores on reading rate and/or comprehension measures are available, they should be included. This section could be completed by any of a variety of persons, including the applicant's disability services provider, vocational rehabilitation counselor, or human resources representative; or a psychologist, reading or learning specialist, or an ophthalmologist or optometrist with relevant training and experience. The essential information to provide in this section is how the disability affects the applicant in the context of taking a standardized test.
- **Part 3** – To be completed by the test taker with a disability.
This section addresses the experience of the test taker with his/her disability. How does your visual disability affect you? What problems does it create, and what strategies do you use to address these problems?

A. A qualified professional must conduct the evaluation and complete Part 1.

Professionals conducting assessments, rendering diagnoses, offering clinical judgments, and making recommendations for accommodations must be qualified to do so. It is essential that professional qualifications include both (1) comprehensive training and relevant expertise in the specialty and (2) appropriate licensure/certification. For most individuals who are blind or have low vision, if documentation is required, the evaluation (reported in Part 1) should be performed by an optometrist or ophthalmologist.

A diagnosis documented by a family member will not be accepted because of professional and ethical considerations, even when the family member is otherwise qualified by virtue of training and licensure or certification. The issue of dual relationships, as defined by various codes of professional ethics, should be

considered in determining whether a professional is in an appropriate position to provide the necessary documentation.

The name, title, and credentials of the qualified professional writing the report should be included. Information about licensure or certification, including the area of specialization, employment, and the state or province in which the individual practices, should also be clearly stated in the documentation.

B. Documentation should reflect current functional limitations (See Appendix)

Information about functional limitations may be provided in Part 1, 2, and/or 3 of the Vision Documentation Statement.

Many visual impairments are of a permanent or unchanging nature. If the candidate nonetheless needs to submit documentation, then a simple statement from the optometrist or ophthalmologist of the diagnosis and the functional limitations should suffice.

Because of the changing manifestations of many visual conditions, it is essential that a test taker provide recent and appropriate documentation from the optometrist or ophthalmologist. If the diagnostic report is more than three years old, the test taker must submit a letter from a qualified professional that provides an update of the diagnosis, an indication of the severity of the functional impact of the disability in a testing setting as well as in other life realms, and a rationale for each of the requested testing accommodations. The nature, severity, and extent of the test taker's condition and the functional limitations as they relate to test taking should be addressed. The recommendations cannot be supported solely by a history of prior accommodations or self-report. In some cases, an updated letter from a qualified professional may simply address why older documents or reports continue to be relevant.

C. Documentation to support the diagnosis should be comprehensive

Diagnostic information should be provided in Part 1 of the Vision Documentation Statement. In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. The diagnostic report should include the following components:

1. A specific diagnosis. Qualified professionals are encouraged to cite the specific objective measures used to help substantiate diagnoses. The evaluator should use definitive language in the diagnosis of a visual condition, avoiding such speculative language as "suggests," "is consistent with," or "could have problems with."
2. A description of current functional limitations. This would include daily life activities in academic and/or employment environments, with the understanding that a disability usually presents itself across a variety of settings.

3. A history. This would include a history of presenting symptoms, date of onset, and duration and severity of the disorder.
4. Current medical information. This would include relevant developmental, medical, and historical data about the condition and how the current functional limitations restrict the condition, manner, or duration of the test taker's performance of a major life activity.

D. A disability-related rationale for each accommodation or device should be included

This information will typically appear in Part 2, which is completed by the disability services provider or another professional who has worked with the applicant in an academic or work setting. It may be supplemented by information in Parts 1 and/or 3.

1. A link pertinent to the testing situation must be established between each requested accommodation and the individual's functional limitations. The professionals completing Parts 1 and 2 should be highly specific with the disability-driven rationale for the requested accommodation(s).
2. A diagnosis in and of itself does not automatically warrant approval of requested accommodations.
3. Devices (such as a magnifier) that may be warranted within the testing environment need to be requested and approved in advance of testing.
4. Accommodations will be provided only when a clear and convincing rationale is given. For example, extra or longer rest breaks may better accommodate a given test taker than would additional testing time.
5. A prior history of accommodations alone, without demonstration of current need, does not warrant the provision of accommodations. Furthermore, if there is no prior history of accommodations, the documentation must include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

VI. Vision Documentation Statement

Part 1 – To be completed by an optometrist or ophthalmologist

Please address the following points in a narrative statement submitted on letterhead. The statement should be in English, typed, dated, and signed, with a license number.

1. Current diagnosis, including a statement as to whether the condition is progressive or stable
2. Best corrected visual acuities for distance and near vision
3. Eye health
4. Visual fields: threshold fields, not confrontation (provide measurements and copies of reports)
5. Binocular evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether the applicant experiences difficulty with distance, near-point, or both.
6. Accommodative skills: at near point, with and without lenses (provide measurements)
7. Oculomotor skills: saccades, pursuits, tracking
8. Clinical observations
9. Functional impact: How do the points summarized above, in combination, impact the test taker in taking a standardized test? For example, is it likely that the test taker will experience double vision? Headache? Visual fatigue? Will the test taker benefit from more time WITH the test, or more break time AWAY from the test, or both, or neither? Is the functional impact likely to be different with a print test than with a test taken on computer? If so, why and how?

Part 2 – To be completed by the disability service provider, if applicable

Please address the following points in a narrative statement submitted on letterhead. The statement should be in English, typed, dated, and signed.

Describe how the applicant'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. Although a history of accommodations is helpful information, it cannot be the sole support for a request.

Please include:

- standardized measures of reading rate and comprehension, if available,
- the applicant's history and current use of support services, and/or
- specific information concerning the applicant's functioning in either a paper-based or a computer-based testing situation.

Part 3 – To be completed by the test taker with a visual disability

In narrative form, provide a typed, dated, and signed description, in English, of how your diagnosis and symptoms may impact your ability to take a standardized test. Please include a strong disability-related rationale for each of the requested accommodations. Although a history of accommodations is helpful information, it cannot be the sole support for your request.

It may be appropriate to include:

- a description of what you experience in daily life as a result of your disability
- an explanation of the strategies and materials you use to mitigate the effects of your condition
- your history of use and current use of support services and/or accommodations, and/or
- other specific information about how you function in either a paper-based or a computer-based testing situation.

Appendix: Relevant Terminology

Accommodative skills: the ability of the eye's lens to adjust automatically to see at different distances

Confrontation visual field testing: a gross measure of the extent of the field of vision, determined by using the examiner's fingers as a target.

Convergence: the simultaneous inward movement of both eyes toward each other, usually in an effort to maintain single binocular vision when viewing an object

Convergence insufficiency or convergence disorder: An eye coordination problem in which the eyes have a tendency to drift outward when reading or doing close work.

Deviation: in cases in which the eyes do not fixate at the same point, a measure of the extent of the difference

Diplopia: double vision

Pursuit: an eye movement in which the eyes smoothly follow a moving target (such as a car, a jogger, or a tennis ball) in space

Saccade: a small rapid jerky movement of the eye, especially as it jumps from fixation on one point to another (as in reading)

Suppression: when the brain ignores the visual image being transmitted from one eye, as in strabismus or amblyopia

Threshold visual field testing: a sophisticated determination of the field of vision in which both the extent and sensitivity of vision are measured

Tracking: the ability of the eyes to follow the movement of an object in motion