www.necc.mass.edu/center-for-accessibility-resources-services/ Behrakis One-Stop Student Services Center, Room SC111 100 Elliott Street, Haverhill, MA 01830

Name of NECC Student: \_\_\_\_\_

VISION INFORMATION FORM

Fax: 978-556-3168

The above named individual is applying for services from the Center for Accessibility Resources & Services. In order to provide equal access, the Center for Accessibility Resources & Services provides services, accommodations and support to students with documented disabilities in accordance with applicable state and federal laws. Students are required to provide <u>current</u> documentation of their disability. Please complete the form below to assist us in determining this student's eligibility for reasonable accommodations.

Primary: \_\_\_\_\_ Length of Time expected to have this Diagnosis: \_\_\_\_\_

1. Statement of Diagnosis or Diagnoses

Secondary:		Length of Time expected to have this Diagnosis:					
2. Condition results from:							
Left Eye: unce	orrected corrected	Right Eye:	uncorrected	corrected			
Acuity:		Acuity:					
Peripheral:		Peripheral:					
Blind spots?							
Light sensitivity:							
Contrast desired:							
	-	-					
	-						
Devite deviatability							
Day to day stability.							
Long term outlook: _							
10. Font size required for sustained, comfortable reading of printed text at 12 inches:							
11. Font size required for sustained, comfortable reading of 17" monitor at 12 inches:							
	Condition results from Left Eye: unco Acuity: Peripheral: Blind spots? Light sensitivity: Contrast desired: Color perception: Day to day stability: _ Long term outlook: Font size required for	Condition results from:	Condition results from:	Left Eye:  uncorrected  corrected  Right Eye:  uncorrected    Acuity:			





D.O.B.

John R. Dimitry Building, Rooms L128 & L106 45 Franklin Street, Lawrence, MA 01840 email: centerforaccess@necc.mass.edu

**Tel**: 978-556-3654

12. Student may	need:				
Note taker	Enlarged materials	Extended test time	Reader	other	
13. Additional C	omments:				
C	date below, indicate t		and provide	contact information	•
Signature				Date	
Title/Credentials/Lio	cense#				
Print Name					
Address					
Phone #		F	ax #		

Disability documents are kept as part of the student's confidential file in the Center for Accessibility Resources & Services