



The University of North Carolina at Charlotte
9201 University City Boulevard
Charlotte, N.C. 28223-0001

*Disability Services/Fretwell 230
Voice/TDD 704/687-4355
FAX 704/687-3226*

VISUAL DISABILITY ADDENDUM (This form supplements the Physical Disability Verification form)-

To determine the assistive technology that will provide appropriate support for students with visual disabilities the Office of Disability Services needs additional information. Complete this form as fully as possible. Thank you for your assistance.

Describe the symptoms associated with this visual disability and the student's prognosis: _____

What is the student's visual acuity with best correction? _____

Describe how this visual disability may affect this student both academically and/or physically: _____

List any assistive technology and/or adaptive equipment currently being used, including brand name, model number, and a brief description of the equipment: _____

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