



CHARLOTTE SCHOOL *of* LAW

Charlotte School of Law
2145 Suttle Ave.
Charlotte, NC 28208

Office of the Dean for Student Services
(p)704-971-8500
(f)704-971-0960

**REQUEST FOR ACCOMODATIONS
VISUAL DISABILITY ADDENDUM**
(This form supplements the Physical Disabilities Request Form)

STUDENT'S NAME: _____

To determine the assistive technology that will provide appropriate support for students with visual disabilities. Please complete this form as fully as possible.

Describe the symptoms associated with this student's visual disability, current status and 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:

If assistive technology will be required in the classroom, please provide a specific list of adaptive equipment that will be compatible with student's personal adaptive equipment:

Completed by: _____

Date: _____

Please return completed form with Physical Disabilities Request Form to the Office of Student Services.