

# Documentation Guidelines for Test Takers Who Are Blind, Visually Impaired, or Have Eye Disorders

**Office of Disability Policy**

2025



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# I. Preface

ETS recognizes the importance of periodic review of documentation guidelines to ensure that they reflect current practice and professional standards, developments in the field and recent guidance from the Department of Justice. This edition (2025) of the ETS Documentation Guidelines for Test Takers Who Are Blind, Visually Impaired, or Have Eye Disorders incorporates the ETS Policy Statement for Documentation of Blindness and Low Vision (2013) and introduces other changes based upon many years of experience with test takers who are blind, visually impaired, or have eye disorders.

## 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.

**Visual impairment:** “occurs when an eye condition affects the visual system and its vision functions” (WHO, 2024). Low vision is a type of visual impairment defined by vision loss which is not fully resolved by corrective lenses, surgery or medicine and interferes with activities of daily living (American Foundation for the Blind, 2024; American Academy of Ophthalmology, 2024).

**Eye disorders:** May involve any part of the eye or the structures immediately around the eye and may affect functional vision (Cleveland Clinic, 2024; CDC, 2024). Some examples include, but are not limited to, macular degeneration, cataracts, diabetic retinopathy, glaucoma, amblyopia, strabismus, nystagmus, convergence insufficiency, etc.

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# II. Introduction

ETS is committed to providing reasonable testing accommodations for test takers with documented disabilities as recognized under the ADA Amendments Act of 2008 (ADAAA). We review requests for accommodations on a case-by-case basis according to established policies and practices, which ensure that people with disabilities have equal access to ETS tests. This document provides guidance to test takers requesting accommodations who are blind, visually impaired, or have eye disorders. It also provides guidance to evaluators regarding the documentation of blindness, visual impairments, and eye disorders and the linking of accommodation requests to disability-related functional limitations.

You may refer to <https://www.ets.org/disabilities/test-takers.html> for helpful information on requesting accommodations, registering for a test and scheduling a test date. You can also use the “For Test Takers” page for a list of common accommodations, information on where to find bulletins for the test(s) you plan to take, how to determine if documentation is needed to support requested accommodations, and how to register, pay for and schedule the test(s).

To provide more information for your evaluators or other relevant professionals, please direct them to <https://www.ets.org/disabilities/evaluators.html>.

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## III. Documentation details

### **Who should conduct an evaluation and what identifying information is important?**

Professionals conducting assessments, rendering diagnoses, offering clinical judgments, and making recommendations for accommodations should be qualified to do so. Professional qualifications should include both (1) appropriate training and expertise in the specialty and (2) appropriate licensure/certification. For most individuals who are blind, visually impaired, or have eye disorders, the evaluation should be conducted by an optometrist or ophthalmologist.

A diagnosis documented by a family member will not be accepted consistent with prevailing professional and ethical standards, 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(s) or province(s) in which the individual practices, should also be clearly stated in the documentation. All reports should be in English, typed on professional letterhead, dated and signed.

Documentation should also indicate whether the evaluation/examination was conducted in person or via telehealth. Additionally, evaluations and/or treatments conducted via telehealth should indicate the respective locations of the examiner and test taker at the time of the telehealth session.

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### **How recent should documentation be?**

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

For visual impairments and eye disorders that change over time, a test taker should provide recent and appropriate documentation from an optometrist or ophthalmologist. The diagnostic report should provide a clear description of the test taker's visually-related functional limitations as they apply to the current testing situation and should include the specific 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.

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## What documents should I submit?

Documentation should be based on a comprehensive diagnostic/clinical evaluation and 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 impairment or eye disorder.
- 2. A description of current functional limitations.** This should 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 should include a history of presenting symptoms, date of onset, and duration and severity of the disorder.
- 4. Current medical information.** This should 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.

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## A rationale for each accommodation or device should be included.

1. A link should be established between each requested accommodation and the individual's functional limitations as they apply to the current testing situation. It is helpful when clinicians and qualified professionals are specific regarding the disability-related rationale for the requested accommodation(s).
2. A diagnosis alone does not necessarily warrant approval of requested accommodations.
3. Documentation regarding prior history of accommodation approval and/or use provides valuable information. If a test taker has not used accommodations in the past, it is helpful to explain why accommodations were not needed previously and why they are now being requested.



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