

# UL Lafayette

## Services for Students with Disabilities Individualized Educational Plan (IEP)

\_\_\_\_\_

Date

\_\_\_\_\_

Semester

\_\_\_\_\_

Year

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disability (circle all that apply): Learning Disability (LD) Physical Disability

Deaf and Hard of Hearing Blind/Visually impaired Psychological

Attention Deficit Hyperactivity Disorder (ADHD)

Please indicate the name of your physician: \_\_\_\_\_

Will you need parking accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

\_\_\_\_\_ Zero parking with gated access (must have a state issued placard)

\_\_\_\_\_ Zero parking (must have a state issued placard)

\_\_\_\_\_ Temporary parking

Do you want to register to vote? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you registered with Louisiana Rehabilitation Services (LRS)? \_\_\_ Yes \_\_\_ No

Who is your LRS counselor? \_\_\_\_\_

How did you hear about SSD? \_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: YOU ARE NOT OFFICIALLY REGISTERED WITH THE OFFICE OF DISABILITY SERVICES UNTIL YOU HAVE MET WITH A DISABILITY SERVICES ADVISOR AND ACCOMMODATIONS HAVE BEEN APPROVED.

THIS PORTION OF THE APPLICATION FORM SHOULD ONLY BE FILLED OUT IN THE PRESENCE OF A DISABILITY SERVICES ADVISOR.

I acknowledge that I have received a copy of the Office of Disability Services Student Handbook. I understand that it is my responsibility to adhere to the procedures as outlined in the Handbook.

I understand that this IEP MUST be updated at the beginning of each semester.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

ACCOMMODATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Disability Advisor: \_\_\_\_\_ Date: \_\_\_\_\_