

UL Lafayette

Office of Disability Services 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 ODS? _____

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

For Office Use Only

ACCOMMODATIONS: _____

NOTES: _____

Disability Advisor: _____ **Date:** _____