

Southeastern Louisiana University ~ Student Accessibility Services Student Information Form/Tracking Sheet

Demographic Data: Please complete and/or review and update:

Name: _____ Date: _____
Last First MI

W#: _____ Date of Birth: _____

Mailing Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone Numbers: Cell _____ Permanent _____

SLU Email _____

Do you receive Vocational Rehabilitation services? YES or NO
 If yes, who is your case manager? _____

Student Status:

Prospective _____
Date of Anticipated Enrollment

Undergraduate _____
Date of Enrollment at Southeastern Degree(s) Seeking

Graduate _____
Date of Enrollment at Southeastern Degree(s) Seeking

Anticipated Date of Graduation _____ Grade Point Average: _____ Classification: _____

Are you registered to vote? Yes No
 If no, would you like to register to vote? Yes No

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DO NOT WRITE BELOW THIS LINE **OFFICE USE ONLY** **DO NOT WRITE BELOW THIS LINE**

Date	Action	Initials	Comment/Notes
	Documentation Guidelines Issued		
	Intake Form Received		
	Documentation Received		
	Documentation Reviewed		
	Accommodations Approved		
	ODS Intake Meeting		
	Entered in system		

Student Accessibility Services~SLU Box 10496, Hammond LA 70402

Office: 985-549-2247~Fax: 985-549-3482

Diagnostic Information

1. Please state your diagnosed disability(ies) and date of most recent diagnosis:

2. Please describe how your disability affects you both outside and inside the classroom, including testing and studying situations:

3. Name and contact information of the Medical Professional(s) treating the impairment(s) stated above:

Accommodation Information

Accommodation(s) Requested	Check if Applicable	List Accommodation(s) here	
Testing Accommodations	<input type="checkbox"/>	_____	_____
Notetaking Assistance	<input type="checkbox"/>	_____	_____
Alternate Format	<input type="checkbox"/>	_____	_____
Sign Language/ Captioning	<input type="checkbox"/>	_____	_____
Physical Access Assistance	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

Accommodations History (Please list any accommodations previously received)	
_____	_____
_____	_____
_____	_____

Please list when and where accommodations were received
