

ODS STUDENT INTAKE FORM

DEMOGRAPHIC INFORMATION

Date:

Name:

EmplID:

School/Program:

LSUHSC Email Address:

Telephone Number:

DIAGNOSTIC INFORMATION

Diagnosed Disability(ies) & Date of Diagnosis/Evaluation(s):

Name and Contact Information of Professional(s) Treating You:

Description of your functional limitations; how you are affected both inside and outside of the classroom:

ACCOMMODATION INFORMATION

Accommodations Requested:

Previous Received Accommodations:

Location and Years of Previous Accommodations:

Office of Disability Services
(504) 568-2211
ods@lsuhsc.edu