



## Application

Personal Information	
Legal Name:	Today's Date:
Preferred Name:	Preferred Pronouns:
Date of Birth:	Age:
Student Mailing Address: (street, city, state, zip code):	
Student Cell Number:	Student Email:
Home Phone Number:	

Living arrangement at IUP		
Dorm	Apartment	Commuter
___ Single ___ Shared	___ Single ___ Shared	
Campus/Apartment Address:		
Parent/Guardian/Emergency Contact Information		
Mother's Name:	Mother's phone:	
Father's Name	Father's phone:	
Other Emergency Contact Name:	Phone number:	

Vocational Rehabilitation		
Do you have an open case with OVR?	Yes	No
Location of OVR office:		
Name of OVR Counselor:	Phone number:	
Do we have permission to speak with your OVR Counselor?	Yes	No
Have you registered with IUP's office of Disability Services?	Yes	No

Educational Information		
High School:	Date of Graduation:	
High School Address:		
Did you receive support services in high school	Yes	No

If yes, did you have an IEP or 504 Plan?	IEP	504
Please describe the services/supports/accommodations that you received and the dates of the services:		

Admission to IUP							
Have you been formally accepted to IUP						Yes	No
Entering Status:	Freshman	Sophomore	Junior	Senior	Transfer	Graduate	
Anticipated start at IUP:		Fall 20__			Spring 20__		
Current Major (if chosen):							
Why are you interested in your chosen major?							
What is your dream job?							
Are you planning on leaving your hometown after graduation to find a job?						Yes	No
Have you registered with Disability Services at IUP?						Yes	No
If yes, what accommodations will you be requesting through disability services?							

Health and Disability Information
When were you diagnosed with autism?
When and where was your latest assessment?
How does autism affect you:
At home
At school
At work
With friends

Health/Medical Information		
Do you have any medical conditions (such as diabetes, seizures, severe food allergies etc.)? If so, please describe:	Yes	No
Do you have any mental health conditions such (such as anxiety, depression, ADHD, etc.)? If so, please describe:	Yes	No
Do you currently see a mental health counselor?	Yes	No
Will you continue to see them while you are at IUP? If so, how will you arrange appointments with them?	Yes	No
Do you take any prescription medications? If yes, please list:	Yes	No
Do you have a schedule for taking your medications?	Yes	No
Do you consistently take your medications as prescribed?	Yes	No
How do you remember to take your medications daily?		

Work Experience		
Have you ever been employed?	Yes	No
Have you ever done volunteer work?	Yes	No

Dining
Please describe any food allergies, preferences, or needs:

Other Information
What are your strengths?
List your interests/hobbies:

What campus activities would you like to participate in?
What are academic/social/daily living tasks that you find challenging?
What support services would you like from the Labyrinth Center? (organization, time management, study skills, social interaction, friendship development, etc.)?
Tell us about your needs for privacy, personal space, sensory needs:
How did you hear about the Labyrinth Center?
Why did you choose to attend IUP?

Contact Release					
Please indicate who we may talk to about you.					
Mother	Yes	No	Father	Yes	No
Academic Advisor	Yes	No			

**I agree to allow the Labyrinth Center Staff at IUP to provide my name, and the fact that I am joining the Labyrinth Center at Indiana University of Pennsylvania for support, to the University's Admission Office. Furthermore, this signature grants the Labyrinth Center staff permission to contact the individuals mentioned in the previous section.**

Signature of agreement: \_\_\_\_\_

Mail your form to Dr. Tamara Leeper: 1175 Maple Street, 110 Stouffer Hall, Indiana, PA 15705  
or email to: [tmleeper@iup.edu](mailto:tmleeper@iup.edu)