



Xavier University of Louisiana
Office of Disability Services
1 Drexel Drive – Box 180
New Orleans, LA 70125

Office: (504) 520-7607
Fax: (504) 520-7917

Student with a Disability
Self-Identification Emergency Evacuation Form

Student Information: **Term:** Fall 20__ Spring 20__ Summer 20__

Name: _____ ID#: _____

Contact Number: _____ Email: _____

Residential Hall: _____ Room Number: _____

Please include a copy of your current course schedule as well as information regarding non-classroom locations you regularly visit that would require evacuation assistance in an emergency.

Functional Limitation: Please check (✓) all that apply

Mobility: ____ **Auditory/Hearing** ____ **Vision** ____ **Other (specify)** ____

Please complete each section below that applies to your Functional Limitation(s)

Mobility

1. Does the impairment prohibit you from using steps or stairs? Yes ____ No ____
2. Do you have difficulty with door hardware (knobs, latches, etc.)? Yes ____ No ____
3. Would you be able to evacuate the facility without assistance? Yes ____ No ____

Auditory/Hearing

1. Do you use any type of hearing assistance during the day? Yes ____ No ____

If yes, please describe: _____

2. If an emergency evacuation occurred would you be able to hear the alarm and evacuate the facility without assistance or special notification? Yes ____ No ____

If no, please describe the type(s) of assistance or notification that would be necessary.

Vision

1. Does your vision impairment prohibit or hinder your evacuation during an emergency?

Yes ____ No ____ If yes, please describe: _____

Type of Assistance Needed

Please specify the type of assistance you will require during an evacuation emergency:

Please be aware that any and all disability-related information is confidential and should be treated as such. If you have any questions or concerns, please contact the Office of Disability Services by phone (504)520-7607 or email @ disabilityservices@xula.edu.