

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS OR
GUARDIANS**

Accommodation Request

Parents or guardians in need of interpreter services are asked to complete this form:

TO: Superintendent of Schools

_____ School District

FROM: _____

Name

Address

Please identify the type of interpreter needed:

___ Interpreter for the Hearing Impaired: () American Sign; () English

In the event an interpreter is not available, please identify the type of alternative service preferred:

___ Written Communication

___ Transcripts

___ Decoder

___ Telecommunication Device for the Deaf (TDD)

___ Other (please specify) _____

Adoption date: February 4, 2009