# Form – Effective Communication
**EPHRATA SCHOOL DISTRICT**

**EFFECTIVE COMMUNICATION REQUEST FORM\***

*Please note:  The district needs as much advanced notice as possible to ensure that reasonable accommodations are met. Reasonable efforts will be made to accommodate requests made less than 48 hours in advance of a scheduled program, activity or event.  If aids or services are needed for a meeting of the Board of Directors, please contact the office of the Superintendent directly at: 754-2474.*

**Date of request:** _____
**Request Type:**  (*Please check all that apply*)

- ☐ Assistive Listening Aid or Service
- ☐ Assistive Vision Aid or Service
- ☐ Assistive Speech Aid or Service
- ☐ Other_____

**Contact Persons:**

|  | Name | Email, Phone or Website (preferred communication) |
|---|---|---|
| Individual making request |  |  |
| Building manager (Principal) where event will take place |  |  |
| Event Contact Person |  |  |

**Event Details:**  *Please attach any relevant supporting information (i.e., event flyer or brochure).*

| | |
|---|---|
| Event Name: | |
| Event Date: | |
| Start and End Time: | |
| Event Description (i.e., lecture, seminar, meeting, sports event): | |
| Location (i.e., building, facility, off-campus school-sponsored activity): | |
| Other relevant details: | |

*Please return this completed form to:  [Insert appropriate district contact information].*

\*This document is available in alternative format upon request.

Adoption Date: First Reading 7.16 Adopted 8.16
Revised Dates: