

INTERPRETERS FOR HEARING-IMPAIRED PARENTS

Accommodation Request

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

TO: Superintendent of Schools  
Croton Harmon 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: November 14, 1994

FOR FIRST READING (RESCISSION) 2-13-25