

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT**

Response to requests for accommodation

FROM: Superintendent of Schools  
Croton Harmon School District

TO: \_\_\_\_\_  
Name  
\_\_\_\_\_  
\_\_\_\_\_  
Address

The Croton Harmon School District hereby:

grants your request for accommodation of a hearing disability in accordance with Board Policy 1920;

denies your request for accommodation of a hearing disability for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adoption date: November 14, 1994

FOR FIRST READING (RESCISSION) 2/13-25