

Regulation

INSTRUCTION

8600.1

ACCOMMODATION OF HEARING-IMPAIRED PARENTS REQUEST FORM

Parents in need of interpreter services are asked to complete this form. All requests must be submitted to and received by the District within fourteen (14) calendar days prior to the scheduled meeting or activity.

To: _____ (Example: Chairperson, Committee on Special Education)
District

From: _____
Name of Parent or Person in Parental Relation

Name of Student

Address

Please specify the nature, date, time of the meeting and/or activity:

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) _____

Signature

Date

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FROM: _____ (Example: Chairperson, Committee on Special Education)
District

TO: _____
Name

Address

The District hereby:

___ grants your request for provision of an interpreter for the hearing impaired

___ denies your request for provision of an interpreter for the hearing impaired for the following reason:

___ provides the following alternative reasonable accommodation:

Waterville Central School District

Superintendent Approved: 01/11/16, 03/27/18