

INTERPRETERS FOR HEARING-IMPAIRED PARENTS

Accommodation Request

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

TO: Chairperson, Committee on Special Education
Spencer Van Etten Central 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)

Note: Exhibit suggested

First Reading 1/27/98

Second Reading 2/10/98

Third Reading 3/10/98

Adoption Date 3/10/98