

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT**

Response to requests for accommodation

FROM: Superintendent of Schools  
Webutuck Central School District

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

The Webutuck Central School District hereby:

- \_\_\_ grants your request for accommodation of a hearing disability in accordance with Board Policy 1925
- \_\_\_ denies your request for accommodation of a hearing disability for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adoption Date: November 21, 2011