

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS**

**Accommodation Request**

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

TO: Superintendent of Schools  
Webutuck 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) \_\_\_\_\_  
\_\_\_\_\_

Adoption Date: November 21, 2011