

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS**

Accommodation Request

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

TO: Superintendent of Schools  
Wayne 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 added