

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT**

Response for requests for accommodation

FROM: Superintendent of Schools  
Wayne Central School District

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

The Wayne 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Exhibit added