

INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT

Accommodation Request

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

TO: Superintendent of Schools
Plattsburgh City School District

FROM: _____
Name

Address

Telephone Number(s)

DATE: _____

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: March 23, 2006

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Response to request for accommodation

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

TO: _____
Name

FROM: Superintendent of Schools
Plattsburgh City School District

DATE: _____

The Plattsburgh City 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: March 23, 2006