

**INTERPRETERS FOR PARENTS WHO ARE HEARING IMPAIRED
EXHIBIT**

Accommodation Request

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

TO: Director of Pupil Services
Shaker High School
445 Watervliet Shaker Road
Latham, New York 12110

FROM: _____
Name

Address

Please identify the type of interpreter needed and the date, time and location:

_____ Interpreter for the Hearing Impaired: () American Sign
() English

_____ Date _____ Time _____ Location

In the event an interpreter is not available, please identify the type of alternative service preferred:

_____ Written Communication

_____ Transcripts

_____ Other (please specify) _____

Please return to the above address.

Requests for interpreters must be received by the District at least 3 days prior to the scheduled meeting or activity.

Date of request _____ Date request was received _____

/map
11/94
2/97