

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

TO: Parents
FROM: Director of Pupil Services
DATE:
RE: Request for a Sign Language Interpreter or Other Accommodation

In response to the request for accommodations regarding your hearing impairment, the District:

_____ 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: _____

If additional information is needed regarding your request for accommodations, please contact me at 785-5511.

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11/94
2/97