

INTERPRETERS FOR HEARING-IMPAIRED PARENTS

Accommodation Request

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

TO: Superintendent of Schools Rochester City 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)

INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT

Response to requests for accommodation

FROM: Superintendent of Schools
Rochester City School District

TO: _____
Name

Address

The Rochester City School District hereby:

_____ grants your request for accommodation of a hearing disability in accordance with Board Policy 1920;

_____ denies your request for accommodation of a hearing disability for the following reason:

Note: Exhibit added a*d