

REQUEST FOR INTERPRETER SERVICES

Accommodation Request

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

TO: Superintendent of Schools  
Guilderland Central School District

FROM: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Please identify the type of interpreter needed:

\_\_\_ Interpreter for the Hearing Impaired: ( ) American Sign; ( ) English

\_\_\_ Language other than English

Language requested: \_\_\_\_\_

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)

Reviewed June 20, 1995

Reviewed November 7, 2012

Revised, Reviewed December 18, 2018