

INTERPRETERS FOR HEARING-IMPAIRED PARENTS

Accommodation Request

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

TO: District Superintendent

Albany-Schoharie-Schenectady-Saratoga Counties Board of Cooperative Educational Services
(Capital Region BOCES)

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) _____

Adopted: December 15, 2008

INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT

Response to requests for accommodation

FROM: District Superintendent

Albany-Schoharie-Schenectady-Saratoga Counties Board of Cooperative Educational Services (Capital Region BOCES)

TO:

Name

Address

The Capital Region BOCES 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:

Adopted: December 15, 2008