

INTERPRETERS FOR HEARING-IMPAIRED PARENTS

Accommodation Request

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

TO: Superintendent of Schools
Gowanda Central 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) _____