

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS**

Accommodation Request

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

TO: Superintendent of Schools  
Saranac 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) \_\_\_\_\_

Adoption date: August 16, 2010

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT**

Response to requests for accommodation

FROM: Superintendent of Schools  
Saranac Central School District

TO: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

The Saranac Central School District 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: \_\_\_\_\_

Adoption date: August 16, 2010