

INTERPRETER FOR HEARING-IMPAIRED PARENTS
REQUEST FORM

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

TO: Superintendent of Schools, Berlin Central School District

FROM:

(name)

(address)

Please identify the type of interpreter needed:

Interpreter for the Hearing Impaired

American Sign

English

Other _____

In the event an interpreter is not available, please indicate the type of alternative service you prefer:

Written Communication

Transcripts

Decoder

Telecommunication Device for the Deaf (TDD)

Other (please specify) _____