

SIGN LANGUAGE INTERPRETER REQUEST FORM

Chesterfield County Public Schools' Exceptional Education team is available to provide sign language interpreting services at school division- and school-sponsored events.

Requests for an interpreter must be submitted at least **five business days** prior to the date services are needed. Requests submitted after noon are not counted as a business day; the day of service is not included in count either. Coverage is not guaranteed for requests submitted less than five business days.

Completion of this form does not secure interpreting services. The requester will be contacted by the Coordinator of Services for Deaf and Hard of Hearing Students or a designee when coverage is assigned.

This form must be completed in its entirety or the form will be sent back.

Please send completed form and any questions to: aslrequest@ccpsnet.net

REQUIRED INFORMATION

Name of person submitting request: _____

Email and/or phone number of person submitting request:

Email _____

Phone _____

Name(s) of **all** Deaf/Hard of Hearing consumers needing interpreter services:

Name(s) of other participants (if known):

Deaf/Hard of Hearing Consumer(s) is/are:

- CCPS Staff
- CCPS Student
- Parent of CCPS Student
- Other
- Unknown

Specific Location and Address of Assignment:

Date and time frame of event:

Type of Meeting/Event:

- IEP Meeting
- Parent/Teacher Conference
- CCPS Sponsored School Event
- Administrative Meeting
- PGPP Meeting
- CCPS Training
- Other

If other, please specify event:

OFFICE USE ONLY (To Be Completed By Coordinator)

Date Received: _____

LATE REQUEST

Coverage Secured:

Person Submitting Request Notified:

Interpreter 1

- CCPS Staff Coverage
- CCPS Non-Contractual – TWA
- Independent Provider

Interpreter 2

- CCPS Staff Coverage
- CCPS Non-Contractual – TWA
- Independent Provider

Comments : _____