



Miami-Dade County Public Schools
School Operations-Adult Education and Technical Colleges
Sign-Language Interpreter Services Request
For Postsecondary Adult/Career Technical Education Students

Assignment: Start Date _____ End Date _____ Days _____

Start Time: _____ End Time: _____

Address & Location: _____

Subject or Event: _____

Language: _____

Name of Deaf Consumer/Deaf Student: _____

Requestor's Name/Title: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Contact Person (on site), if different

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

A notice of **2 weeks** prior to the event is required for the interpreter request. Confirmations of requests filled will be provided to the requestor and/or on-site contact person.

Principal's Signature or Designee

Return Completed Form To:

Mrs. Anthenisia A. Jackson, Instructional Supervisor

School Operations

Adult Education and Technical Colleges

Phone 305-557-1100, ext. 2441

E-mail: aajackson@dadeschools.net

(Please do not write below this line)

Request #: _____ Request Date: _____ Cancellation Date: _____

Agencies contacted: _____

Agency providing services: _____

Name of assigned 1st Interpreter: _____

Name of assigned 2nd Interpreter: _____

Comment: _____