



Miami-Dade County Public Schools
School Operations

**Sign-Language Interpreter Services Request
For Postsecondary Adult/Vocational 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

1450 NE 2nd Ave., Rm. 818

Miami, FL 33132

Phone 305-995-7662

Fax: 305-523-0738

E-mail: aajackson@dadeschools.net

School Mail: 9999-SBAB Rm. 818

(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: _____