



MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEAF AND HARD OF HEARING PROGRAMS K-12

School / Department Requesting Services _____	Date Requested (MMDDYY) _____
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SIGN LANGUAGE INTERPRETER SERVICES REQUEST FOR K-12 STUDENTS

Language: ASL Only ASL/Spanish Other: _____

Start Date: _____ End Date: _____

Start Time: _____ am/pm End Time: _____ am/pm

Event: _____

Location of Event: _____ Phone: _____

Address: _____ Room: _____

City, State, Zip: _____

Staff Interpreter Substitute Coverage Request Staff Interpreter Name _____

Requestor Information:

Name: _____ Title: _____

Phone: _____ Cell: _____

E-Mail: _____

Contact Person Information: (if different from above)

Name: _____ Phone: _____

Student Information:

Name: _____ Student ID: _____ Grade: _____

*Due to the shortage of qualified sign language interpreters and their sometimes limited availability, requests made with less lead time and without the required information may result in the District's inability to provide an interpreter. Minimum **TWO WEEKS** notice is required for services. Confirmation will be e-mailed to requestor's e-mail address. Cancellations must be made 48-hours in advance.*

Please return completed form to: Deaf and Hard of Hearing Programs K-12
Mail Code: #9729
FAX # (305) 995-2049

For questions, please call (305) 995-1531.

FOR OFFICE USE ONLY: Request Received: _____ Timely Untimely

Request No.: _____

Assigned Agency: _____

Assigned Interpreter(s): _____ Level(s): _____

Comments: _____

Cancellation Date: _____ Reason: _____