



Miami-Dade County Public Schools

Americans with Disabilities Act (ADA) Office

PROCEDURES FOR REQUESTING SIGN LANGUAGE INTERPRETERS FOR PARENTS AND/OR EMPLOYEES

1. A school or department requesting the services of a sign language interpreter for a **parent or employee** must complete the **SIGN LANGUAGE INTERPRETER SERVICES REQUEST FOR PARENTS AND/OR EMPLOYEES** Form (FM-7248) and submit it to the principal of the school or department supervisor. The principal or department supervisor will indicate approval with a signature and fax or e-mail the form to:

Office of Human Capital Management / ADA Office

Fax: 305-995-7402

E-mail: adaoffice@dadeschools.net

2. Form - 7248 **must** be filled out and submitted to the Office of Human Capital Management / ADA Office at least ten (10) business days prior to the event/function.
3. The ADA Office will make arrangements with the Board-approved vendor(s) and will confirm the arrangements with the school/department by e-mail.
4. It is the responsibility of the school or department to inform the ADA Office of any cancellation **forty-eight (48) hours before the event. Failure to do so may result in payment to the vendor by the school or department.**

Office of Human Capital Management / ADA Office

Phone: 305-995-7116

Fax: 305-995-7402

E-mail: adaoffice@dadeschools.net



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SIGN LANGUAGE INTERPRETER SERVICES REQUEST FOR PARENTS AND/OR EMPLOYEES

Assignment Date: _____ Start Time: _____ End Time: _____

School/Department Requesting Services: _____

Location & Address: _____

Function or Event: _____

Name of Individual Needing Services: _____
Employee's ID #: _____ If parent, Student's ID #: _____

Requestor's Name/Title: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Contact Person (on-site), if different _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

A notice of ten **(10) business days** prior to the event is required for the interpreter request. Confirmation of a request filled will be provided to the requestor and/or on-site contact person by e-mail.

****Please contact the ADA Office at 305-995-7116 or e-mail at adaoffice@dadeschools.net for any request requiring less than ten (10) business days.**

Principal or Supervisor Signature Date

Return Completed Form To:
Office of Human Capital Management / ADA
Fax: 305-995-7402
Via E-mail: adaoffice@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: _____

Comments: _____