



Miami-Dade County Public Schools
Americans with Disabilities Act (ADA) Office

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

1. A school or department requesting the services of a sign language interpreter for a **parent/guardian or employee** must complete the **SIGN LANGUAGE INTERPRETER SERVICES REQUEST FOR PARENTS/GUARDIANS 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/meeting.
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 will 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



Miami-Dade County Public Schools Americans with Disabilities Act (ADA) Office

SIGN LANGUAGE INTERPRETER SERVICES REQUEST FOR PARENTS/GUARDIANS 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/guardian, 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 **(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.

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

Principal's or Supervisor's 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: _____