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

School / Department Requesting Services	Date Requested *(MMDDYY)*

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: #9953
FAX # (786) 268-4747

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:** _____