



ADA ACCOMMODATION REQUEST FORM FOR THE HEARING IMPAIRED

Please complete form and EMAIL to the Student Support Services Office at aslrequests@houstonisd.org 10 business days before the date of the HISD function for which **Sign Language Interpreter** services are required.

School:_____ **Phone#:**_____

Person Requesting Interpreter:_____

Email of Requestor:_____

Hearing Impaired Person:_____ **Phone#:**_____

If Parent, Name of Child:_____

TYPE OF INTERPRETER REQUIRED: (Please Check 1)

☐ Sign Language Interpreter

☐ CART Services (Communication Accessed Realtime Translation)

Number of Interpreters Required: _____

Function:_____

Place of Function (w/physical address):_____

Contact Person at Function:_____ **Phone#:**_____

Date of Function:_____

Time of Function: _____ **Start:** _____ **End:** _____

Date of Submission to Student Support Services: _____

***Please note: Any requests submitted the day of or the day before are NOT guaranteed an interpreter. Thank you.**