**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.**