



CHESTER COUNTY INTERMEDIATE UNIT
Sign Language Interpreting Request Form:

Interpreters may be requested for students, parents, family or staff who are deaf or hearing impaired and is unable to understand or communicate verbally and his or her primary language is sign language. Interpreters can be arranged for parent conferences, school meetings, or any other school activity.

Person Requesting: _____ School District _____

Name of Person who is Deaf/Hearing Impaired: _____

Check box for Primary mode of Communication:

ASL Signed Exact English Mixture Tactile sign Unknown

Contact Information for person requesting services:(phone, email) _____

Description of event (extra-curricular activity, staff development, meeting, etc.): _____

Date(s) of Requested Service _____

Time of event: From _____ (A.M./P.M.) To _____ A.M./P.M.)

Exact location;

- Name of building: _____
- Address: _____
- Floor and Rm. #: _____
- Name and phone # of person who will be on site: _____

Note: For activities lasting longer than two hours a 2- person team may be deployed. There is a minimum of 2 hours per scheduled event. To cancel a scheduled event, contact Melissa Michaels within a minimum of 48 hours prior to the event to avoid charges for this service.

*****In order to secure an interpreter, at least ten days' advanced notice is required. Last-minute or short notice requests are not guaranteed, however, every effort possible will be made to provide an interpreter. *****

**Signature of District
Administrator**

Date

Return form to:
Melissa Michaels
MelissaMi@cciu.org
455 Boot Road
Downingtown, PA 19335
(P)484-237-5213 (F)484-
237-5167