

Federal Way Public Schools
Sign Language Interpreter--Request Form

Please submit at least 7 days prior to event. We cannot guarantee interpreter's schedules will be open with shorter notice. Thank you for this consideration.

Student Name: _____

Date of Event: _____

Type of Event:

- Sports: (name) _____
- Club Meeting: (name) _____
- Meeting with Teacher: (name) _____
- Student Led Conference (SLC)
- Parent Conference
- DHH Program Tour
- Musical Performance
- Other: _____

Start Time: _____

Estimated End Time: _____

Location: _____

Preferred Interpreter, if known _____

Person Requesting Interpreter: _____

Special Instructions/Information:

Office Use Only:

Interpreter(s) Requested:	Name	Yes	No
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
	5. _____	_____	_____

- Approved
- Not Approved. Reason _____
- ADA
- DHH