

**ADA ACCOMMODATION REQUEST FORM
FOR THE HEARING IMPAIRED**

Please complete form and Fax to the EEO Office at (713) 556-7318 at least 10 business days before the date of the HISD function for which **Sign Language Interpreter** services are required.

School: _____ **Phone#:** _____

Person Requesting Interpreter: _____

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

If Parent, Name of Child: _____ **TTY Phone?** Yes No

TYPE OF INTERPRETER REQUIRED: (Please Check 1)

Sign Language Interpreter

Closed Caption Interpreter

Function: _____

Place of Function: _____

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

Date of Function: _____

Time of Function: **Start:** _____ **AM/PM** **End:** _____ **AM/PM**

Principal/Designee Signature: _____ **Date** _____

Approved: _____

Josephine N. Morgan, Manager
Equal Employment Opportunity