



Student Request for Interpreter Form

The following form is to assist NEISD in providing sign language interpreters to RDSPD students who need access to courses, meetings, events or activities at or for NEISD sponsored events.

Requests must be made **2 weeks prior to the event.**

However, requests submitted with less than 30 days' notice **may not be filled.**

Please complete the information below and return this form to us at interpreterrequest@neisd.net

If you need to cancel the interpreter after a request is made, you **must** notify us 72 hours in advance of the event.

Name (student) _____

ID# _____

Name of Person Making Request: _____

Phone: _____

Specific Interpreter Requested: _____

Date Requested: (Today's Date) _____

Name of Event: (i.e., tutoring, ARD meeting, etc.) _____

Date of Event: _____

Day of Event: (Please check ☐) M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su ☐

Onsite Contact Person: _____

Start Time: _____ End Time: _____

Campus: OM ☐ JMS ☐ CHS ☐ Other ☐: _____

Location: (Building/Room#) _____

Client/Students Preferred Communication Mode: _____

Where will the interpreter meet you? (if different than the location) _____

Important Notes: _____

NOTE: Interpreters are given first option, prior to selecting a Communication Facilitator.