



## Request for Special Assistance

Requesting School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person needing special assistance:

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Name of student: \_\_\_\_\_

Type of assistance needed:

Hearing Impaired Interpreter

Language Interpreter

Please specify Language needed: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event:

\_\_\_\_\_

Time of Event:

\_\_\_\_\_

Location of Event:

\_\_\_\_\_

School Contact present at event:

\_\_\_\_\_

School contact phone number:

\_\_\_\_\_

**\*\*Please send completed form to Jewell Dill at 898-3300 or Fax to 898-3363.**