

Arlington Central School District
Office of Human Resources

144 Todd Hill Road
LaGrangeville, NY 12540
845-486-4460

INTERPRETER ACCOMMODATION REQUEST

Please complete this form to request interpreter services. Advanced notice of **at least 5 days** is required in order to arrange for an interpreter.

Person Completing Form: _____
(form will be returned to this person)

Parent Name: _____

Student Name: _____

School: _____ Grade: _____

Meeting/Activity Date: _____

Start Time: _____ End Time: _____

Purpose: _____

Place: _____ Room: _____

Choose one of the following:

- ☐ I have obtained/will obtain the interpreter _____
Interpreter name and phone #
- ☐ I am requesting an interpreter

Please indicate the type of interpreter needed:

- ☐ Hearing Impaired: ☐ American Sign ☐ English
- ☐ Language: _____ Language needed to interpret: _____

Comments/Special Requests/Suggested Name of Interpreter: _____

Building Principal Signature

Human Resources Administrator Signature

Please forward original to Margie Flynn, Office of Human Resources.