Columbia Regional Program
Deaf and hard of Hearing Services
at
Wilcox
833 NE 74th Ave
Portland OR 97213
Phone: 503-916-5570 ext 78357
FAX: 503-916-2750

Received: _____

*Sign Language*

# *Interpreter Request*

Today's Date: _____

Services requested for: check one: Ongoing Event One Time Event

- o IEP Meeting
- o Sports Practice/Games
- o Club Meeting
- o Work Experience Interview
- o Drama Performance
- o Other: _____
- o Peer Helper Mtg
- o Dance Team / Cheerleader

Client Name: _____ School _____ Grade: _____

Parent(s) Name: _____

Phone: Day: _____ Eve: _____ Cell: _____

Event: _____ Beginning Date: ___/___/___

Where : _____ Rm # _____ Ending Date: ___/___/___

Time from: _____ to _____ Days of Wk. Sun Mon Tue Wed Thr Fri Sat
circle date(s)

Teacher/Coach Name: _____ Phone: _____

Pertinent information specific to the need for an interpreter for this event(s)

_____

_____

Interpreter Preference, if any _____

A reasonable effort will be made to fill every request. Services must be approved by student's school district. Please allow 5 -7 working days for request processing.

Date Submitted: _____

Parent Signature _____

Student Signature _____

Submitted to District _____ on ___/___/___

Office Use

Estimated Hours _____

**District Use Only**

Comments: _____

**District**

☐ **Approved** By: _____ Date: _____