

**DUVAL COUNTY PUBLIC SCHOOLS
Exceptional Education/Student Services**

REQUEST FOR SIGN LANGUAGE or ORAL Transliterator for the Deaf

Submit by fax two weeks prior to event to EE/SS 390-2904 Please call after faxing 390-2644

Today's Date: _____ School Name: _____ Number: _____

Requested services: Choose from drop down box _____

Date for requested Service: _____ Number of Hours: _____ Time: From: _____ to: _____

Multiple dates for sports and other activities require separate documentation and exact times.

For Student # _____ Parent _____

Event Location/room # (full address is required if different from school) _____

REQUESTED BY: _____ Title: _____

Phone #: _____ Approved by: _____
(Principal or Designee)

Contact Person for event/activity: (if different from person requesting services) _____

Contact Person's Title: _____ Phone #: _____

For District Office ONLY: Section 504/ADA Receiving Office EE/SS Office (IDEA) Receiving Office

Lead Interpreter _____ Sent to 504 Program Coordinator: _____

504 Coordinator _____ Sent to Fiscal Management: _____

Fiscal Management _____ Sent to Lead Interpreter _____

School Interpreter: _____ Personnel # _____ School # _____ date sent: _____

ASSIGNMENT DATE: _____ **Hours:** _____ **from:** _____ **to:** _____

Contact Person's Signature _____

504 Assignment sent to ILRC date: _____ ILRC interpreter assigned: _____

Fax or mail completed form to: 390-2904, Bonnie Josey, Supervisor EE/SS
1701 Prudential Drive 4th Floor, Jacksonville, Florida 32207