

### **INTERPRETERS FOR HEARING-IMPAIRED PARENTS**

The Board of Cooperative Educational Services recognizes that those district parents with hearing impairments which prevent a meaningful participation in their child's educational program must be afforded an opportunity equal to that afforded other parents to participate in meetings or activities pertaining to the academic and/or disciplinary aspects of their child's education. Accordingly, and pursuant to law, the BOCES will provide an interpreter for hearing-impaired parents for school-initiated academic and/or disciplinary meetings or activities including, but not limited to:

- \* Parent/teacher conferences
- \* Child/study or building level team meetings
- \* Planning meetings with school counselors regarding educational progress
- \* Career planning
- \* Suspension hearing or other conference with school officials relating to disciplinary actions

The BOCES will provide an interpreter for the hearing-impaired parent if a written request for the service has been submitted to and received by the district within 7 days prior to the scheduled meeting or activity. If an interpreter is unavailable, the district will then make other reasonable accommodations which are satisfactory to the parents (e.g., note taker, transcript, decoder, or telecommunication device for the deaf). These services will be made available by the district at no cost to the parents.

The Board directs the District Superintendent of Schools to maintain a list of available interpreters and to develop procedures to notify parents of the availability of interpreter services, the time limitation for requesting these services, and of the requirement to make other reasonable accommodations satisfactory to the parents should an interpreter not be available.

Hearing-impaired parents are requested to submit the attached form to request accommodation of their disability,

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Accommodation Request

Parents in need of interpreter services are asked to complete this form:

TO: District Superintendent  
Clinton-Essex-Warren-Washington BOCES

FROM:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please identify the type of interpreter needed:

\_\_\_ Interpreter for the Hearing Impaired: ( ) American Sign ( ) English

In the event an interpreter is not available, please identify the type of alternative service preferred:

\_\_\_ Written Communication

\_\_\_ Transcripts

\_\_\_ Decoder

\_\_\_ Telecommunication Device for the Deaf (TDD)

\_\_\_ Other (please specify) \_\_\_\_\_