

**INTERPRETERS FOR HEARING-IMPAIRED PARENTS EXHIBIT**

Response to requests for accommodation

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

TO: Name: \_\_\_\_\_

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

\_\_\_\_\_

The Clinton-Essex-Warren-Washington BOCES hereby:

\_\_\_ grants your request for accommodation of a hearing disability

\_\_\_ denies your request for accommodation of a hearing disability for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_