



Columbia Regional Inclusive Services

833 NE 74th Avenue, Portland OR 97213
 503.916.5570 503.916.5576 crisoregon.org

Received: _____

Sign Language Interpreter Request

Person making the request: _____

Today's Date: _____

Services requested for:

check one: One time Event

Ongoing Event Dates: _____

IEP meeting
 Sports practice/Games
 Club Meeting

Work Experience
 Drama Performance
 Other: _____

Peer helper meeting
 Dance Team/Cheerleading

Client Name: _____	School/District: _____	Grade: _____
Parent(s) Name: _____		
Phone: _____	Day: _____	Eve: _____
	VP: _____	Cell: _____
		text only

Event: _____	Beginning Date: _____
Where : _____	Ending Date: _____
	Rm # _____
Time from: _____ to _____	Days of Week: Sun Mon Tue Wed Thr Fri Sat
Teacher/Coach Name: _____	Phone: _____
additional information (job details, site details, purpose, needs, special accommodations etc): _____ _____	
Interpreter Preference, if any _____	Communication Mode
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: _____	<div style="text-align: center;">Office Use Only</div> Estimated Hours _____ _____ _____ Submitted to District _____ on _____
Guardian or Adult Student Signature: _____ <small>(required if the event is outside the school day)</small>	
Student Signature _____	

District Use Only
Comments: _____
<input type="checkbox"/> District Approved By: _____ Date: _____

SUBMIT REQUESTS VIA EMAIL TO Jennifer Goshman JGoshman@PPS.NET or fax: (503)916-5576