



**Columbia Regional Program
Deaf and Hard of Hearing Services**
at
Wilcox
833 NE 74th Ave
Portland OR 97213
Phone: 503-916-5570 ext 78375
FAX: 503-916-2750 email: efell@pps.net
call/text: 503-956-7182 VP: (503) 447-6775

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 : _____	Rm # _____
Ending Date: _____	
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: _____	<p style="text-align: center;">Office Use Only</p> <p>Estimated Hours _____</p> <p>_____</p> <p>_____</p> <p>Submitted to District _____ on _____</p>
Guardian or Adult Student Signature: _____	
(required if the event is outside the school day)	
Student Signature _____	

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