

**OFFICIAL SCHOOL SPONSORED EVENT OR ACTIVITY REQUEST
FOR SIGN LANGUAGE INTERPRETER SERVICES
FOR HIGH SCHOOL DHHP STUDENTS ONLY**

Student's Name: _____

Sport/Activity/Field Trip: _____

Where: (Gym, Ball Field, Theater, Room #) _____

Time Of Day: _____ A.M. _____ P.M.

Date: _____

Please Circle One Of The Following:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	SATURDAY		SUNDAY	

Student/Teacher/Coach Requesting Service: _____

Individual Completing This Form: _____

Date: _____

**FORM NEEDS TO BE COMPLETED AND SUBMITTED TO DHHP MAILBOX, TWO (2)
WEEKS PRIOR TO THE ACTIVITY TO SCHEDULE INTERPRETER COVERAGE**