

## REQUEST FOR AUXILIARY AIDS AND/OR SERVICES

(non-students)

If you need an assistive listening, vision, or speech aid or service in order to attend or participate in a school district event or activity,

please complete this form and send to: Mr. Eric DeJong

ADA Compliance Officer for Title II

315 N French Ave Arlington, WA 98223 edejong@asd.wednet.edu

360.618.6212

To ensure that reasonable accommodation requests can be met, the District needs as much advance notice as possible. Please be sure that the District <u>receives</u> your request at least two (2) business days in advance of the event or activity\*.

Todav's Date:

\* Reasonable efforts will be made to accommodate requests made less than two business days in advance of a scheduled program, activity, or event.

If aids or services are needed for a meeting of the Board of Directors, please contact the Superintendent's office directly at 360.618.6202.

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Request Type (please check all that apply):
Assistive <b>Listening</b> Aid or Service Assistive <b>Vision</b> Aid or Service
Assistive Speech Aid or Service Other Specify:
Name of Individual Making Request:
Daytime Phone Number:
Email Address:
Aids/Services are being requested for: Myself Someone else - Name:
Event Name:
Event Description (i.e. meeting, performance, sporting event, etc.):
Event Date: Start Time: Anticipated End Time:
Location (school or building):
Other relevant details:
School District Use Only:  Date Received:  Aid or service to be provided:
Date Ordered: From:
Notes:

Arlington Public Schools No. 16

Board Form 4217F1 - Request for Auxiliary Aids or Services

Community Relations - Effective Communication

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