Disability Programs & Services provides interpreting services for regularly enrolled student with hearing impairments. The following policies and procedures are an effort to minimize difficulties. These policies and procedures are designed to help DPS provide effective interpreting services by requiring reasonable cooperation and good communication. If you have any questions please contact the Coordinator for DPS.

**POLICY FOR STUDENTS REQUESTING ASL INTERPRETER ACCOMMODATIONS**

1. Student must have a Disability Verification Release form from a physician indicating physical disability and functional limitations.
2. Student must be enrolled in the Disability Programs & Services.
3. Student must have an Accommodation form from a DPS Resource Specialist indicating the need for an interpreter.
4. Having met these requirements, interpreter services will be arranged for the student for any and/or all classes the student is enrolled in, on campus and/or off-campus sites.
5. The student will need to allow at least 2 weeks for process their request.
6. If the student encounters difficulties with the interpreter, s/he should contact the DPS Program Assistant, Secretary, or Coordinator immediately to discuss the problem.
7. Disrespectful or offensive behavior toward an interpreter or DPS staff may result in denial of the accommodation for the remainder of the semester.
8. Student must notify DPS of any absences 24 hours in advance.
9. Three absences without notification to DPS may result in denial of the accommodation for the remainder of the semester.

I have read the above policies and understand that I am required to adhere to them in order to ensure the provision and continuation of services. I also understand that DPS has the right to suspend or terminate these services in the event that I violate this agreement. I understand I have the right to appeal such a decision. I have received a copy of this Policy for Students requesting ASL Interpreter Accommodations.

Signature: ________________________________ Date: ________________

Witness/Guardian: ________________________________