**DEAF/HARD OF HEARING AND SIGN LANGUAGE SERVICES**

**This request is for the: 20\_\_ - 20\_\_** ❏**ESY** ❏**School Year**

 **EDUCATIONAL ASSESSMENT for students with hearing loss or for consideration of sign language use.**

 ❀ NOTES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TEACHER OF THE DEAF AND HARD OF HEARING SERVICES**

 ❏Direct Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❏Consult Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (This can be found under Support for School Personnel)

 **EDUCATIONAL** **INTERPRETER / CUED SPEECH TRANSLITERATOR SERVICES**

❏Full time

❏Part time ❀ Indicate number of hours per week

 **SIGNING SKILLS COACH**

 **Additional service needed:** ❏ accompany student to and from bus ❏ attend classroom/staff meetings

 **NOTETAKER SERVICES: (Select which type below)**

❏Full time

❏Part time ❀ Indicate number of hours per week

❏ **NOTETAKER/ PEN & PAPER**

❏ **NOTETAKER / TABLET PC HANDWRITING**

❏ **NOTETAKER / CAPTIONING**

 **SCRIBE SERVICE**

❀ Estimated end date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Please note there is a minimum of 2 weeks for this service)**

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To assist BOCES in fulfilling your request, please indicate the **Reason for the Request**:

For additional information contact the Coordinator of the Deaf/ASL Education – Vision/Orientation & Mobility

Department at: (585) 249-7010 (voice), (585) 249-7883 (fax).

Julie B. Hanson, Coordinator

 Deaf/ASL Education – Vision/Orientation & Mobility Department

 41 O'Connor Road

 Fairport, NY 14450

***NON-COMPONENT DISTRICTS MUST ALSO COMPLETE A CROSS CONTRACT***

Revised 4/27/18