

BOISE SCHOOL DISTRICT REQUEST FOR EDUCATIONAL INTERPRETER (SIGN LANGUAGE) SERVICES

Instructions: Please fill out the entire form and send to Sondra Koster:

Email: Sondra.koster@boiseschools.org
Internal Boise School District mail: Sondra Koster, D/HH Teacher, West Junior High
Mail: Sondra Koster
West Junior High
8371 W. Salt Creek
Boise, ID 83709
Fax: 208-854-6451

This form MUST be received AT LEAST 48 hours prior to the activity.

If an interpreter is required with less than a 48 hour notice, it is considered an "Emergency Request" and must be *called* in to Sondra Koster at 208-854-6450. PLEASE NOTE: Boise School District cannot guarantee interpreting services without 48 hours notice.

*Activity(ies)/Event(s): _____

*Time(s) and Date(s): _____

Place: _____

**If available, please attach printed schedule (i.e.: for sport team participation, please attach season schedule)*

BSD Staff Member Contact Name: _____

BSD Contact Site and Phone Number: _____

Student Grade Level: _____ Student Name (optional) _____

If you would like to request a particular BSD Interpreter,
please note his/her name here: _____

I understand that an interpreter will be present on the above date(s) unless notified of an absence or cancellation. Also, if the student rides a bus, the bus company or driver must be notified of the time(s) and date(s) when the student will **NOT** be riding the bus.

(Student, Parent, or Staff Member Signature)

(Date)

For Office Use Only

Received: _____ By: _____

- Parent
- Student
- Contact
- Interpreter (s)

Interpreter Assigned: _____ Date: _____