



MIAMI-DADE COUNTY PUBLIC SCHOOLS

Americans with Disabilities Act (ADA) Office

PROCEDURES FOR REQUESTING SIGN LANGUAGE INTERPRETERS FOR **PARENTS/GUARDIANS AND/OR EMPLOYEES**

1. A school or department requesting the services of a sign language interpreter for a **parent/guardian** or **employee** must complete Form (FM-7248) and submit it to the principal of the school or department supervisor.
2. The principal or department supervisor will indicate **approval with a signature** and will email or fax the form to:

Office of Human Capital Management/ADA office

Email: adaoffice@dadeschools.net

Fax: 305-995-7402

3. **Form 7248 must be** filled out and submitted to the Office of Human Capital Management/ADA Office **at least ten (10) business days prior** to the event/function/meeting.
4. The ADA Office will make arrangements with the Board-approved vendor(s) and will confirm the arrangements with the school/department via email.
5. It is the responsibility of the school or department to inform the ADA Office of any **cancellation forty-eight (48) hours prior** to the event. **Failure to do so will result in payment to the vendor by the school or department.**

Office of Human Capital Management / ADA Office

Phone: 305-995-7116

E-mail: adaoffice@dadeschools.net



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SIGN LANGUAGE INTERPRETER SERVICES REQUEST
FOR PARENTS/GUARDIANS AND/OR EMPLOYEES

School/Department Requesting Services: _____

Meeting/Event Date: _____ Start Time: _____ am/pm End Time: _____ am/pm

Title of Meeting/Event: _____

Address of Meeting/Event: _____ Location: _____

Request ASL Attendance: **In-Person** **Virtual** Submit the ZOOM link information via email to:
adaoffice@dadeschools.net

Name of Individual Needing Services: _____
Employee # _____ **Parent/Guardian** (provide **only** Student's ID # _____)

Requestor's Name/Title: _____
Phone: _____ Cell: _____ E-mail: _____@dadeschools.net
Contact Person's Name for day of meeting/event: _____
Phone: _____ Cell: _____ E-mail: _____@dadeschools.net

Due to the shortage of qualified sign language interpreters, requests made with less lead time and without the required information may result in the District's inability to provide an interpreter. A minimum of **TWO WEEKS** notice is required for services. Confirmation will be e-mailed to the requestor. Cancellations must be made 48-hours in advance.

Principal's or Supervisor's Signature Date

OFFICE OF HUMAN CAPITAL MANAGEMENT
RETURN COMPLETED REQUEST FORM TO: **Americans with Disabilities Act (ADA) Office**
E-mail: adaoffice@dadeschools.net

FOR QUESTIONS, PLEASE CONTACT THE ADA OFFICE AT: **305-995-7116**

DO NOT WRITE BELOW THIS LINE

Request #: _____ Request Date: _____
Agencies contacted: _____
Agency providing services: _____
Name of assigned 1st Interpreter: _____
Name of assigned 2nd Interpreter: _____
Comments: _____

CANCELLATION
N-ASL Date: _____
By Location
Date: _____
 > 48 Hours
 < 48 Hours