

Interpreter Request Form for Additional Functions

Please fill out this form **completely** when requesting interpreting services or captioning for any academic event or regularly scheduled classes or other extracurricular functions supported by East Stroudsburg University (example: university events, activities and special programs.). Office of Diversity and Equal Opportunity **requests a minimum of two (2) weeks advance notice** in order to arrange for and provide interpreting services. (If less than 2 weeks notice interpreting services cannot be guaranteed.) If event is not University function, we can offer services to enable you to find an interpreter or captioning for your event.

Requesters name: _____ Date: _____

Phone number: _____ E-mail: _____

Number of individuals requiring services? _____ How many in party? _____

Who is requesting? Deaf Hard of Hearing Hearing

Requesting: Interpreting services Captioning services

Other accommodations needed? _____

Name of Event: _____ Name of Speaker/Professor: _____

Event Content: _____ (attach schedule or brochure if possible)

Date(s): _____ Times (include start time and end time): _____

Location: _____

Event Sponsor: _____

Audio/Visual Materials (example: videotape, slide presentation) _____

If videotape is being used, is it closed-captioned? Yes No Don't Know

Faculty/Contact Name: _____ Office location: _____

Phone number: _____ E-mail: _____

Please attach any further explanations to this form.

Please attach to e-mail or submit completed form to:

Sandy Shaika, CI
sshaika@esu.edu
Sign Language Interpreter
Monroe Hall, 315
200 Prospect Street
East Stroudsburg, PA 18301-2999

Any questions about sign language interpreting (how to use, what is their function, when to request, etc.) please email: sshaika@esu.edu