

Date of Request:

**Request Type:** (Please check all that apply)

## **Effective Communication Request Form\***

Please note: The district needs as much advanced notice as possible to ensure that reasonable accommodations are met. Reasonable efforts will be made to accommodate requests made less than 48 hours in advance of a scheduled program, activity or event. If aids or services are needed for a meeting of the Board of Directors, please contact the office of the Superintendent directly at 425-413-3400.

<ul><li>☐ Assistive Listening Aid or Ser</li><li>☐ Assistive Vision Aid or Ser</li></ul>	vice	
☐ Assistive Speech Aid or Se	ervice	
☐ Other		
Contact Person:		
	Name	Email, Phone or Website (preferred communication)
Individual making request		
Building manager (Principal)		
where event will take place		
Event Contact Person		
Event Details: Please attach any	relevant supporting informati	on (i.e. event flyer or brochure).
Event Name:		
Event Date:		
Start and End Time:		
Event Description		
(i.e., lecture, seminar,		
meeting, sports		
event):		
Location (i.e., building, facility, off-		
campus school-		
sponsored activity):		
Other relevant		
details:		
Please return this completed for	to: Special Services Depart	tment

Tahoma School District

Maple Valley, WA 98038

25720 Maple Valley Black Diamond Rd. S.E.

\*This document is available in alternative format upon request.

Adopted: