Form - Effective Communication

Request Type: (Please check all that apply)

☐ Assistive Listening Aid or Service
☐ Assistive Vision Aid or Service

Date of Request:

NINE MILE FALLS SCHOOL DISTRICT 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 Nine Mile Falls School District; 10110 W Charles Road; Nine Mile Falls, WA 99026; 509.340.4300.

| ☐ Assistive Speech Aid or | Service | |
|--|---------|---|
| □ Other | | |
| Contact Persons: | | |
| | 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 information (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 form to: Nine Mile Falls School District Office; 10110 W Charles Road; NMF, WA 99026