**Operating Procedure/Form No. 4217F  
Community Relations**

**PUGET SOUND EDUCATIONAL SERVICE DISTRICT (PSESD)  
REQUEST FORM FOR COMMUNICATION ASSISTIVE AID\***

Please note:  PSESD 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:comm@psesd.org.

**Date of request:** \_\_\_\_\_\_\_\_\_\_\_\_

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

Assistive Listening Aid or Service

Assistive Vision Aid or Service

Assistive Speech Aid or Service

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Persons:**

|  |  |  |
| --- | --- | --- |
|  | Name | Email, Phone or Website (preferred communication) |
| Individual making request |  |  |
| Building manager 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:  comm@psesd.org.

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

Adopted: December 2017