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|  | **Preferred Sign Language Interpreter List** | |
| Hello, my name is:  I am  Deaf  Hard of Hearing  DeafBlind  Late Deafened and/or  Deaf Plus.  I am requesting for a reasonable accommodation, a qualified\* Sign Language Interpreter to communicate effectively with my medical provider.  To ensure effective communication, please request the following Interpreters for my appointment (not in any given order): | | |
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| Please DO NOT contact these interpreters for my medical appointments: | | |
| Please give this form to your medical provider when requesting a follow-up appointment.  \* Qualified Interpreter means according to Americans with Disabilities Act definition: an interpreter who is able to interpret effectively, accurately, and impartially. Receptively and expressively using necessary specialized vocabulary. | | |