

Lake Chelan School District Effective Communication Request Form

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 (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 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 509-682-3515, 309 E Johnson, Chelan, WA 98816.

*This document is available in alternative format upon request.

Please return this completed form to: The secretary at the school building that the event is taking place or to the district office at 309 E Johnson, Chelan, WA 98816.

Adoption Date: 09.26.17

Revised Dates: