

Appendix A-4: Human Interpreter for Visual Communication Student Request Form

The Human Interpreter – Visual Communication Support is for students with hearing impairments. Complete and sign at the end of the document. For students who need Human Interpreter-Native Language, complete Appendix C-4.

Date:			
Student Name:			
Student ID:			
District:			
School:			
Grade:			
School Contact's Name:			
School Contact's Email:			
Select the appropriate	DeSSA ELA CAT (listening portion only)		DeSSA Social Studies
assessments:	DeSSA ELA PT (listening portion only)		🗆 DeSSA –Alt ELA
	DeSSA Mathematics (both CAT and PT)		DeSSA-Alt Math
	🗆 DeSSA Science		DeSSA-Alt Science
Complete for Hearing Impaired students			
The student communicates using American		🗆 Yes 🛛 No	
Sign Language (ASL).			
		(If no, indicate the method used for communication.)	
		Signed English	
		Cued Speech	
		Other Visual Sup	oort:
Human or electronic interpretation and/or		🗆 Yes 🛛 No	
translated materials are provided to the			
students for instruction and/or assessment			
Indicate the area(s) in the IEP where human		□In the Data Consid	erations (including "Other Factors")
interpreter for the identified communication		□ In the Statement of Services (top of Goal Pages)	
method is a documented instructional support.		As a Condition to the Student's Goal(s)	
		□Other:	

Signature/Title _____ Date _____

Name (print) ______

Note: This documentation is to be kept in the student's file and must be given to the District Test Coordinator to submit through the DOE Help Desk. Students may not be administered these supports without written approval from DOE.

Prior to the end of the test window, you will also be required to complete the Human Interpreter Certification Requirements Form for each interpreter (Appendix C-5).