Form - Effective Communication

BREWSTER 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 District Office.

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email, Phone or Website (preferred communication)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual making request</td>
<td></td>
</tr>
<tr>
<td>Building manager (Principal) where event will take place</td>
<td></td>
</tr>
<tr>
<td>Event Contact Person</td>
<td></td>
</tr>
</tbody>
</table>

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: the District Office

*This document is available in alternative format upon request.

Adoption Date: ____________________
Classification: ____________________
Revised Dates: 03.16; 01.17