American Sign Language (ASL) Interpreter Request Form

Term _____________________
Today’s Date: ___________________
Is interpreter needed for an event?
Is interpreter needed for a course?
Your Name ____________________
Student ID # __________________

Submit to Disability Services Office
202 Sanford Hall or
Please print legibly e-mail: khagen@bemidjistate.edu

BEMIDJI STATE UNIVERSITY

Bill To: Disability Services Office
Attn: Kathi Hagen
202 Sanford Hall
1500 Birchmont Drive NE -43
Bemidji, MN 56601
(218) 755-3883
khagen@bemidjistate.edu

Interpreter Needed for Course

Name of the Course ___________________
Course ID # _______________ Name of Professor ___________________
Days and Times Course Meets ________________________________
Room and Building Course Held __________________________
In a couple of sentences, what is the course about: __________
________________________________________________________
________________________________________________________
________________________________________________________

Does the course have films or videos? ____yes _____ no
Are they close captioned? ______yes _______no
Does the course have specific terminology or vocabulary the interpreter will have to know in advance? __________
Are there handouts/overheads/printouts? __________
The interpreter may request advance copies to become familiar with the content.

Are there any days the course will not meet as scheduled? Please check with instructor and list all dates in advance:
________________________
________________________
________________________

For Disability Services Office Use Only:
Interpreter assigned __________________________
Contact Information __________________________
Any dates students missed/did not show for class and interpreter was not notified in advance and explanation:
________________________
________________________
________________________

 Interpreter Needed for Event

Name of Event ___________________
Location of Event ___________________
Date __________________________
Time __________________________
(Start and End Times Required)
Please briefly describe event: __________
____________________________________
____________________________________
____________________________________

Does the event include films, videos or overheads? _____yes _____ no
Are they close captioned? _____yes _____ no
Are there any handouts? Please list:
____________________________________
____________________________________
____________________________________

Copies of handouts will be needed for the interpreter.

Is there any other special needs you may need from the interpreter? ________
Please list as necessary:
____________________________________
____________________________________
____________________________________

For Disability Services Office Use Only:
Interpreter Assigned ______________
Contact Information ______________
Did Client Show? ____yes ______no
Client Comments: __________________
____________________________________