INTERPRETING SERVICES AGREEMENT

Interpreting services are provided at no cost to students who qualify under the Americans with Disabilities Act. The Office of Disability Services and all students using interpreting services will work closely to maximize the benefit of this service, and to promote equal access to learning.

The Office of Disability Services will coordinate the initial contact between student and interpreter(s).

The Office of Disability Services will continue to work with students and interpreters to make sure those services are provided in keeping with professional best practices.

**Student Responsibilities:**

- Sit in a place that provides the best distance, lighting, background, and angle for seeing the interpreter.
- If you have a question, the interpreter will voice your question.
- The interpreter will sign what the professor and students say in the class.
- If you know that you will be unable to attend class, you should provide a minimum of 24 hours advanced notice by contacting the Office of Disability Services.
- Failure to provide advanced notice is considered a “No-Show.” After the third “no-show” services will automatically be temporarily suspended and will remain suspended until the student makes an appointment and meets with the Director of Disability Services.
- “No-shows” are understood to mean that the student did not attend class and did not contact the Office of Disability Services at least 24 hours in advance.
- Your interpreter will wait 15 minutes for classes up to 90 minutes long, and 30 minutes for classes longer than 90 minutes. This will be counted as a “no-show.”
- If you have any problems with your interpreter, discuss the matter with them first. If this does not solve the problem, then contact the Director of Disability Services.

I have read and understand the above information, as well as the Interpreting Services Handbook for Students.

__________________________________________  ______________________________________
Student                                           Date

____________________________________________  ______________________________________
Director of Disability Services                  Date