NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 4217-F1 Page 1 of 1

NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 COMMUNICATION ACCOMMODATION REQUEST FORM*

Please note: The NWESD 189 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 360-299-4002.

Request Type: (please check a	ll that apply)	
Assistive Listenin Assistive Vision A Assistive Speech Other	Aid or Service Aid or Service	
Contact Persons:		
	Name	Email, Phone, or Website (preferred communication)
Individual making request		
Building manager (Program Administrator) where event will take place		
Event contact person		
Event Details: (please attached	d any relevant supporti	ng information such as event flyer or brochure)
Event name:		
Event date:		
Start and end time:		
Event description (e.g., lecture, seminar, meeting, sports event):		
Location (e.g., building, facility, off-campus program sponsored activity):		
Other relevant details:		
Please return this completed fo	rm to: Assistant Superi	ntendent for Operations, NWESD, 1601 R Avenue,

Anacortes, WA 98221 or dforsythe@nwesd.org.

Date of request:

^{*}This document is available in alternative format upon request.