

BOOKING FORM

Use of an interpreter may be needed to complete this form

I AM: _____ DEAF
_____ HARD OF HEARING
_____ HEARING AND VISION LOSS



MY LANGUAGE:

_____ ENGLISH
_____ SIGN LANGUAGE (AMERICAN)
_____ OTHER _____

PREFERRED COMMUNICATION MODE:

_____ SPEAKING/HEARING
_____ READING/WRITING
_____ INTERPRETER (WHAT KIND)
_____ SIGN LANGUAGE
_____ REMOTE INTERPRETING
_____ ORAL
_____ CUED SPEECH
_____ TACTILE COMMUNICATION



PREFERRED COMMUNICATION AID FOR:

TELEPHONE USE



_____ AMPLIFIED PHONE
_____ TTY/RELAY SERVICES
_____ VIDEOPHONE



GENERAL COMMUNICATION

_____ HEARING AID
_____ CAPTIONING
_____ LARGE PRINT
_____ ASSISTIVE LISTENING DEVICE
_____ PAPER/PENCIL
_____ BRAILLE



SIGNATURE OF LEC STAFF: _____

SIGNATURE OF INMATE: _____

SIGNATURE OF (onsite) INTERPRETER: _____