



PROCEDURE

Title: Sign Language Interpreter Request Cancellation Procedures for WesternU Students and Patients who are D/deaf or Hardof-Hearing

11/15/2023

Western University of Health Sciences' (WesternU) Harris Family Center for Disability and Health Policy (HFCDHP) students(s) that are D/deaf or hardof-hearing when approved as an accommodation by HFCDHP and for patients of WesternUs Patient Care Center who are D/deaf or hard-of-hearing and require a sign language interpreter for communication.

Purpose: To ensure students with disabilities receive an equal opportunity to participate in and

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HFCDHP's Associate Director or Director approves a student for sign language interpreting as an
 HFCDHP staff member will contact the appropriate College to obtain the student's class and rotation schedule for referen(s) a) 12<

	HFCDHPs	Student
	Sign Language Interpreter Request Form and submit it to disabilityaccommodations@westernu.edu a minimum of seven business days prior to the request date for sign language interpreters. HFCDHP staff will not schedule sign language interpreters until the completed form is received.	
3	the designated HFCDHP staff member will contact HFCDHP's contracted sign language vendor to schedule interpreters for the student.	HFCDHPs e í -
4	HFCDHP staff member will add the names of the interpreters assigned to each requested class/activity on the form and will email it to the student two (2) days prior to the commencement of the schedule assignment.	HFCDHPs e í -
5	It is the student's responsibility to notify HFCDHP at disabilityaccommodations@westernu.edu regarding	Student

	changes to their class schedule including the addition or cancellation of classes/activities at least three (3) business days before the scheduled assignment or as soon as it is known so that the sign language interpreters can be notified of the changes. Changes can be made by emailing ^{HF} CDHP at disabilityaccommodations@westernu.edu .	
6	^{HF} CDHP staff will contact the contracted sign language vendor to add/adjust/cancel the sign language interpreter assignment.	^{HF} CDHP < e í -
7	The designated ^{HF} CDHP staff member will email the student to confirm the schedule addition/adjustment/cancellation.	^{HF} CDHP < e í /Student
8	Services may be suspended if two (2) or more classes/rotation days are missed without prior notification. The student will need to meet with the Director of ^{HF} CDHP or their designee before services are reinstated.	^{HF} CDHP < e í /Student

<p>complete the Patient Sign Language Request form 2 days before the scheduled appointment. If you are unable to do so, please contact the Associate Director of HFCDHP that the document has been signed by the patient or a representative of the patient. Information regarding the collection of said payment and either provide a check for repayment or a cash transfer for the cost by the date of the appointment.</p>	<p>++Uí+\:UUX:} î ô Û</p>
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3 The Associate Director of HF

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Hard of Hearing -Is a widely accepted term to describe individuals who have hearing loss.

Sign Language Interpreter Someone who interprets in \ 2 Ù+Í2 jí ô Ù ô^-ô è e }ô+...à Ù í è è j X í e ô
1 U í X e Í++...à Ù æ : e Ù X ô è ô U e }ô+... Ù í 2 î Ù ô „ U X ô \ \ }ô+...à Ù j \ 2 Ù í 2 ... Ù 2 ô

ACA- : X í í æ + ô Ù Í X ô Ù è e Ù : Ù Q O P O

ADA–Americans with Disabilities Act of 1990

ASL–American Sign Language

^HFC DHP–Harris Family Center for Disability and Health Policy

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