**** SERVICES FOR STUDENTS WITH DISABILITIES

Telephone (541) 383-7583

FAX (541) 318-3737

Email: jrougeux2@cocc.edu

 2600 NW College Way, Bend, Oregon 97703-5998 Telephone (541) 383-7583

## *INTERPRETING AND CAPTIONING SERVICES FOR STUDENTS*

***To Establish Services:***

Apply for Accommodations using the online Disability Services application at: <https://www.cocc.edu/departments/disability-services/default.aspx>

***Contact Person Once Services are Established:***

Erin Trimble, Interpreter Facilitator

Phone: (541) 383-7737

Video Phone 541-647-6416

FAX: (541) 318-3737

Email: etrimble@cocc.edu

*Central Oregon Community College makes every effort to provide sign language interpreters to assist students with hearing impairments in college courses and related activities such as instructor conferences, club meetings and college functions, and meetings with other college staff.*

***How to Receive Interpreting and Captioning Services:***

When the College receives advance notice from a person requiring interpreting and/or captioning services of his or her intent to enroll full or part time in an upcoming term, we will conduct a search to hire a qualified interpreter and/or captioner to assure that we can provide this service. **To arrange interpreting and captioning services for other College appointments, classes, meetings, please submit a Custom Request through AIM at least 24 hours in advance of the meeting.**

***Excused, No Show, Late, and Cancellation Policy:***

Students receiving interpreting and captioning services will be required to sign an agreement listing the following rules:

*Excused Absence:*

If you will miss a class or scheduled appointment or event, please notify the Interpreter Facilitator with your wish to cancel. When possible, this notification should be at least **24 hours in advance** for it to be considered an excused absence. This notification is ***your responsibility***. (NOTE: Any exception to this 24-hour notice rule must be agreed upon by the student, the Interpreter Facilitator, and the SSD Coordinator.)

\*\*In the event of illness, please contact the Interpreter Facilitator as soon as you know you will not be coming to class.

*Unexcused Absence (no show):*

If you miss two meetings of the same class in any term, or two scheduled appointments or events in a term without providing adequate cancellation notice to the Interpreter Facilitator, interpreting and captioning will be suspended until you meet with the SSD Coordinator and request reinstatement of services.

*Late to Class:*

Your interpreter and captioner will wait 10 minutes at the start of a class appointment or event for you. After that time, the interpreter and captioner will leave and this will be considered an ***unexcused absence/no show.***

*Other Student Rights and Responsibilities:*

* You will use your interpreter and captioner appropriately.
* If you encounter any problems with your interpreter or captioner (such as understanding the interpreter's signs) contact the SSD Sign Language Interpreter Facilitator.
* If you have any problems with your classes or instructors, contact the SSD Coordinator.

***STUDENT SIGN LANGUAGE POLICY AGREEMENT:***

I agree to abide by the Cancellation/No Show Policy including the following provisions:

* If I intend to miss a class I will notify the Interpreter Facilitator 24 hours in advance.

 (NOTE: exceptions to the 24-hour notice rule must be agreed upon by the student,

 the Interpreter Facilitator, and the SSD Coordinator. In the event of illness, please contact the

 Interpreter Facilitator as soon as you know you will not be coming to class.)

* If I miss two meetings of the same class or two scheduled appointments or events in a term without providing adequate cancellation notice to the Interpreter Facilitator; interpreting and captioning will be canceled. At that time, I will need to make arrangements to meet with the SSD Coordinator and request special arrangements for reinstatement.
* I understand that the interpreter and captioner will wait 10 minutes at the start of each class or appointment for me and that if I do not arrive in this time it will be counted as an ***unexcused absence***.

If the interpreter or captioner does not show for an assignment, I will inform the SSD office as soon as possible.

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_

**SSD Coordinator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

SSD Student Terp form

Rev. 2.25.21