SERCIES 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 SERVICES FOR STUDENTS

Contact Person to establish Interpreting Services:
Jamie Rougeux, SSD Coordinator
Boyle Education Center, #124
Phone: Oregon Relay, 1-800-735-2900, then (541) 383-7583
FAX: (541) 318-3737
Email: jrougeux2@cocc.edu

Contact Person Once Services are established:
Erin Trimble, Interpreter Specialist
Boyle Education Center
Phone: Oregon Relay, 1-800-735-2900, then (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 Interpreter Services:

When the College receives advance notice from a person requiring interpreter 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 to assure that we can
provide this service. To arrange interpreter services for other College appointments, classes, meetings,
please contact Erin Trimble at least 24 hours in advance of the meeting.

Excused, No Show, Late, and Cancellation Policy:

Students receiving interpreting 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 contact your interpreter or the
Interpreter/Coordinator 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, and the SSD Coordinator.)

**In the event of illness, please contact the interpreter 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 your interpreter, interpreting and note taking services will be suspended
until you meet with the SSD Coordinator and request reinstatement of services.
Late to Class:
Your interpreter will wait 10 minutes at the start of a class appointment or event for you. After that time, the interpreter will leave and this will be considered an unexcused absence/no show.

Other Student Rights and Responsibilities:

- You will use your interpreter appropriately.
- If you encounter any problems with your interpreter (such as understanding the interpreter’s signs) contact the SSD Sign Language Interpreter Specialist.
- 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 24 hours in advance.
  (NOTE: exceptions to the 24-hour notice rule must be agreed upon by the student, the interpreter, and the SSD Coordinator. In the event of illness, please contact the interpreter 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 my interpreter, interpreting (and any note taking) services 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 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 does not show for an assignment, I will inform the SSD office as soon as possible.

Printed Name ______________________ Signature ______________________ Date________

SSD Coordinator ______________________ Date________