



# PROCEDURE

Title: Sign Language Interpreter Request Cancellation Procedures for Western University Students and Patients who are D/deaf or Hard of Hearing

11/15/2023

Western University of Health Sciences' (Western University) Harris Family Center for Disability and Health Policy (HFC DHP) • + + ù í è + e í e ô ù e ô ù U X : } \ : 2 ù : ù í ù W j í + ± ô î ù \ 2 ù + students(s) that are D/deaf or hard of hearing when approved as an accommodation by HFC DHP and for patients of Western University 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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HFC DHP's Associate Director or Director approves a student for sign language interpreting as an  
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 will contact the appropriate College to obtain the student's class and rotation schedule for referen(s a) 12 <

	HFC DHPs	Student
	Sign Language Interpreter Request Form and submit it to <a href="mailto:disabilityaccommodations@westernu.edu">disabilityaccommodations@westernu.edu</a> a minimum of seven business days prior to the request date for sign language interpreters. HFC DHP staff will not schedule sign language interpreters until the completed form is received.	
3	the designated HFC DHP staff member will contact HFC DHP's contracted sign language vendor to schedule interpreters for the student.	HFC DHPs e í -
4	HFC DHP 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.	HFC DHPs e í -
5	It is the student's responsibility to notify HFC DHP at <a href="mailto:disabilityaccommodations@westernu.edu">disabilityaccommodations@westernu.edu</a> 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 <sup>HF</sup> CDHP at <a href="mailto:disabilityaccommodations@westernu.edu">disabilityaccommodations@westernu.edu</a> .	
6	<sup>HF</sup> CDHP staff will contact the contracted sign language vendor to add/adjust/cancel the sign language interpreter assignment.	<sup>HF</sup> CDHP < e í -
7	The designated <sup>HF</sup> CDHP staff member will email the student to confirm the schedule addition/adjustment/cancellation.	<sup>HF</sup> 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 <sup>HF</sup> CDHP or their designee before services are reinstated.	<sup>HF</sup> CDHP < e í /Student

<p>3</p>	<p>complete the Patient Sign Language Request form 2 days before the scheduled appointment. The Associate Director of HFCDHP that the document has been signed by the patient or their representative. 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+\:UX:} îôÙ</p>
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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  
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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

<sup>H</sup>FC DHP–Harris Family Center for Disability and Health Policy

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