



CITY OF PRIEST RIVER COMMUNICATION ASSESSMENT FORM

Date of Request: _____

Staff Person Conducting Assessment: _____

1. Contact information of person requesting auxiliary aids or services:

Name: _____

Phone: _____ Email: _____

2. Describe the program, service, or activity you plan to attend: _____

3. Date of activity: _____ Time of Activity: _____

4. Location of activity: _____

5. What is the nature of your disability that requires auxiliary aids or services?

Deaf

Hard of Hearing

Disability

Blind

Visually Impaired

Other: _____

6. Relationship:

Self

Family Member

Friend/Companion

Other: _____

7. Please check one of the boxes below next to your choice of Interpreter Services. If your preferred service is not listed, please identify and describe.
- American Sign Language (ASL) Interpreter
 - Pidgin Signed English (PSE) Interpreter
 - Signed English Interpreter
 - Video Interpreting Services (VIS)
 - Oral Translators
 - Qualified Reader
 - Cued Language Translators
 - Other. Describe: _____
8. Please check one or more of the boxes below if you are requesting any of the following auxiliary aids or services for effective communication. If your preferred aid or service is not listed, please identify and explain.
- TTY/TTD (text telephone)
 - Video Relay Services (VRS)
 - Assistive Listening Device (sound amplifier)
 - Qualified note-takers
 - Writing Back and Forth
 - CART: Computer-assisted Real Time Transcription Service
 - Other. Describe: _____

We are requesting your information so you can participate in our programs, services, or activities. All communication aids and services are provided **FREE OF CHARGE**. If you need further assistance, please contact Laurel Thomas. If you have any questions please call our office at 208-448-2123 (voice), email at lthomas@priestriver-id.gov, or visit us during business hours.