

CAPTIONING REQUEST

Today's Date: _____

Time: _____

Your Name & E-mail: _____

***ALL REQUESTS SHOULD BE MADE 48 HOURS OR MORE IN ADVANCE, SO
ARRANGEMENTS CAN BE MADE TO TRY TO FIND CAPTIONISTS.
COMPLETING THE FORM DOES NOT GUARANTEE A CAPTIONIST WILL BE
PROVIDED.**

Be specific when completing the form!*

Captionist needed on: _____ / _____
Date (mm/d/yy) Day (of the week)

Time: _____ to _____ Place: _____
Bldg. Rm #

Describe the Request: (Check One & explain)

<input type="checkbox"/> Field Trip	<input type="checkbox"/> Counselor Appt.	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Student/Teacher meeting	<input type="checkbox"/> Club Meeting/Event	<input type="checkbox"/> Financial Aid

EXPLAIN ASSIGNMENT/CLASS: _____

DSPS OFFICE USE ONLY

CAPTIONIST ASSIGNED: _____

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
SANTA ANA COLLEGE/SANTIAGO CANYON COLLEGE
DSPS/DEAF AND HARD OF HEARING SERVICES