



New Jersey Department of Human Services
 Division of the Deaf and Hard of Hearing
TRAINING REQUEST FORM



Please submit requests via email to DDHH.communications2@dhs.nj.gov or fax to (609) 588-2528. Please submit at least 4 to 6 weeks in advance.

Requestor's Information

<u>Name:</u>	<u>Title:</u>
<u>Department and/or Organization:</u>	
<u>Street Address:</u>	<u>City:</u>
<u>Zip Code:</u>	<u>County:</u>
<u>Contact Number:</u>	<u>E-mail:</u>

Request for: (check all that apply)

<input type="checkbox"/> Equipment Demonstration	<input type="checkbox"/> Deaf and Hard of Hearing Sensitivity Training	<input type="checkbox"/> Law Enforcement Standard Operating Procedures	<input type="checkbox"/> Overview of DDHH Programs and Services	<input type="checkbox"/> Overview of DDHH Language Instruction Program
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What are the goals for this request? Please include questions or comments related to this request.

Accommodations:

<input type="checkbox"/> <u>Sign Language Interpreter(s):</u> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Certified Deaf Interpreter (CDI) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Tactile Interpreter(s)
<input type="checkbox"/> Remote Conference Captioning
<input type="checkbox"/> Other: _____

Date Request:

<u>1st Choice:</u>	<u>2nd Choice:</u>	<u>3rd Choice:</u>
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Time Request:

<u>1st Choice:</u>	<u>2nd Choice:</u>	<u>3rd Choice:</u>
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<u>Number of Participants:</u>
<u>Location:</u> <input type="checkbox"/> Auditorium <input type="checkbox"/> Classroom <input type="checkbox"/> Conference Room <input type="checkbox"/> Common Area <input type="checkbox"/> Virtual <input type="checkbox"/> Other: _____
<u>Equipment Checklist: Available at Requestor's Facility (check all that apply):</u> <input type="checkbox"/> Audio Induction Loop <input type="checkbox"/> Laptop <input type="checkbox"/> Wi-Fi/Ethernet <input type="checkbox"/> Projector <input type="checkbox"/> White/Black board or Smart Board <input type="checkbox"/> Other: _____