

## New Jersey Department of Human Services Division of the Deaf and Hard of Hearing



## TRAINING REQUEST FORM

Requests may be submitted via email to <u>DDHH.communications2@dhs.nj.gov</u> or fax to (609) 588-2528. When possible, please submit requests at least 4 to 6 weeks in advance. Kindly, provide advanced notice of 3 business days for all cancellations or reschedules.

## **Requestor's Information**

Name:			<u>Title:</u>			
Department and/or Organization:						
Street Address:			City:			
Zip Code:			County:			
Contact Number:			E-mail:			
Request for: (checl	k all that annly)					
request for. (check	k all that apply)					
☐ Equipment	☐ Deaf and Hard	☐ Law Enforcement Standard Operating		☐ Overview of	☐ Overview of DDHH	
Demonstration	of Hearing			DDHH Programs	Language Instruction	
	Sensitivity Training	Procedures		and Services	Program	
What are the goals for this request? Please include questions or comments related to this request.						

## Accommodations:

☐ Sign Language Interpreter(s):							
☐ American Sign Language ☐ Spanish ☐ Certified Deaf Interpreter (CDI)							
☐ Other:							
☐ Tactile Interpreter(s)							
Remote Conference Captioning							
□ Other:							
Date Request:							
	and at	and as					
1st Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:					
Time Request:							
1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:					
1 Choice.	<u>z choice</u> .	<u>3 Choice</u> .					
Number of Participants:							
Location:							
□ Auditorium □ Classroom □ Conference Room □ Common Area □ Virtual							
□ Other:							
Equipment Checklist: Available at Requestor's Facility (check all that apply):							
☐ Audio Induction Loop							
□ Laptop							
☐ Wi-Fi/Ethernet							
□ Projector							
☐ White/Black board or Smart Board							
□ Other:							
	<del></del>						