



For Division Use Only:
Application Received: _____
Two Week Deadline: _____
Applicable School Year: _____
Application Processed: _____

**SCHOOL DISTRICT REQUEST FOR EXCEPTION TO EDUCATIONAL INTERPRETER STANDARDS**  
**Deaf Persons' Interpreters Act**  
**Qualified Interpreter-General Rules**

**INSTRUCTIONS:**

School districts must submit this form when unable to locate properly qualified educational interpreters for an individual student who is deaf, deafblind, or hard of hearing. Please note that if an exception is granted, it is only effective through the end of the applicable school year.

The underqualified interpreter in question that the school district intends to request an exception for must also submit a separate application form showing proof of both of the following:

- BoysTown Score Sheet with seal showing assessment test date of EIPA Performance Score of 3.5 or higher within the past 24 months; and
- Documentation of .8 CEUs (8 hours) of educational interpreting and completion of 12 additional hours of educational interpreter training within the last 12 months

SCHOOL DISTRICT INFORMATION		
NAME OF SCHOOL DISTRICT:		
SCHOOL DISTRICT REPRESENTATIVE'S NAME:		
SCHOOL DISTRICT REPRESENTATIVE'S TITLE:		
ADDRESS (Street Number/Name)		
CITY	STATE	ZIP
PHONE with area code <b>(Required)</b>		E-MAIL ADDRESS <b>(Required)</b>

**REQUIRED DOCUMENTATION**

Per MCL 393.5027, ALL of the following factors must be met before a school district may apply for an exception. All written documentation must be included with this application or the request will not be reviewed.

- Written documentation showing all reasonable efforts to locate qualified interpreters. This documentation should include:
  - Copies, locations, and dates for advertising of position.
  - Salary offered and how it was determined to be appropriate/reasonable/competitive.
  - Indication of how the Michigan Online Interpreter System (MOIS) was used to identify and contact possible applicants.
  
- Written documentation showing that the student who is deaf, deafblind, or hard of hearing would not have equal communication access in educational settings.
  
- Written documentation showing IEP team discussion and evaluation of other educational options with the parents of the student.

**UNDERQUALIFIED INTERPRETER INFORMATION**

Based upon the above information, the District proposes to employ:

NAME OF INTERPRETER:

TYPE OF CREDENTIAL and/or EIPA  
Performance Score and Modality:

**SIGNATURE**

I attest that all information provided in this application is accurate and true to the best of my knowledge.

School District Representative Printed: \_\_\_\_\_

School District Representative Signature: **X**\_\_\_\_\_ Date:\_\_\_\_\_

**SUBMITTAL INSTRUCTIONS**

Please mail this application and all required documentation through US Mail to:

Michigan Department of Civil Rights  
Division on Deaf, DeafBlind and Hard of Hearing  
RE: School District Exception Request  
Cadillac Place  
3054 W. Grand Blvd., Suite 3-600  
Detroit, MI 48202