

Request for Video Captioning

To Insure Accessibility For Students With Hearing Impairments

This form is designed for use by faculty members to request captioning of video tapes being shown in classes where there is/are students who have a hearing impairment.

PLEASE ALLOW A MINIMUM OF TWO WEEKS PER TAPE.

Submit this form to DSP&S

Date Submitted: _____

Received by: _____

Date Needed: _____ Instructor: _____

(Two week minimum advance notice required per tape)

Department: _____ Ext: _____

Title of Video: (Immediate need/present Semester)

- | | |
|----------|--------------|
| 1. _____ | Call # _____ |
| 2. _____ | Call # _____ |
| 3. _____ | Call # _____ |
| 4. _____ | Call # _____ |
| 5. _____ | Call # _____ |

Title of Video: (Future Need/Next Semester)

- | | |
|----------|--------------|
| 1. _____ | Call # _____ |
| 2. _____ | Call # _____ |
| 3. _____ | Call # _____ |

Estimated Time of Completion (Date): _____

For Office Use Only

Date Received: _____ Date Completed: _____ Date Returned: _____

Staff Signature: _____