



CALIFORNIA STATE UNIVERSITY, STANISLAUS  
 801 West Monte Vista Avenue • Turlock California 95382  
 Disability Resource Services  
 (209) 667-3159 Fax # (209) 667-3585  
 Web Site: <http://www.csustan.edu/counseling>

**No-Show for Interpreter Services**

Student Name \_\_\_\_\_

Semester \_\_\_\_\_

Date \_\_\_\_\_

Please fill out and sign this form if you did not perform interpreter services due to a student not attending class after your wait of 20 minutes, call or e-mail Disability Resource Services. This will allow DRS too appropriately discuss this matter with the student.

<u>Class</u>	<u>Time</u>	<u>Day</u>	<u>Instructor's Name</u>
Example: <b><u>HISTORY</u></b>	<b><u>9:50</u></b>	<b><u>Monday</u></b>	<b><u>Dr. Smith</u></b>
_____	_____	_____	_____
_____	_____	_____	_____

My signature below verifies that I have waited 20 minutes for the student to arrive at the above class or classes and they did not attend (no-show.)

Date \_\_\_\_\_

Interpreter Signature \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Date Filed \_\_\_\_\_ By \_\_\_\_\_