



Request for Interpreter and/or Translation

(Please make request 2 weeks prior to date service needed.)

Date of Request _____

Date & Time of Meeting _____

OR

Due Date (for translations) _____

Bldg/Dept. _____

Budget Code _____ *(please provide if other than gen acct)*

Type/Reason for Services

(please check below)

Language _____

***Headsets Needed? Yes No**

(Requestor is responsible for pick up & return of headsets.)

Interpreter

- Discipline
- Special Ed Meeting
- Teacher/Parent Conference
- Academic Progress
- Parent Meeting
- Other *(please specify)*

Translation

- District Communication
- Special Ed Document
- Site Specific
- Please specify...*
- Entire Document
- Partial Document, Pages _____

Please check box if school will schedule appointment with family. Yes No

of Interpreters Needed _____ Location/Room # of Meeting _____ Approx. End Time _____

Explanation of Request:

***** Important – For meetings held before or after school hours, please provide the name and contact number of a staff member/organizer that will be attending the meeting in case of an emergency.***

Staff/Organizer Name _____ Phone Number _____

Name of Person Making Request _____ Contact # _____

Email Special Ed. Requests to Heidi Dalton & Other Requests to Kim Ross

**PA System/Headsets (total of 20) are available for checkout through the District Office – Please contact Jodie Cole. Pick up and return of the headsets are the responsibility of the individual or building requesting them.*