



TROUP COUNTY SCHOOLS

Student Services



TRANSLATION and ORAL INTERPRETATION REQUEST

Translation and Interpretation

Translations and Interpretation services will be granted when it is financially and logistically feasible to do so.

SCHOOL/DEPARTMENT: _____ DATE: _____

Staff Member (include title) requesting the services: _____

Option One:

Translation: _____ Date Needed: _____ Requested documents must be emailed to interpretationsandtranslations@troup.org using Word, Publisher or Powerpoint. **Brief description of document:** _____

Language: Korean _____ Spanish _____ *Other _____

Approved: _____ AdAstra: _____ Denied/Reason: _____

Option Two:

Oral Interpretation: _____ Date Needed: _____ Time: _____

Fax interpretation request to 706.883.1530 or email interpretationsandtranslations@troup.org

Student's Name: _____ Grade: _____

Parent Contact Information _____

Reason: Phone Call Parent Conference Workshop, PTO, etc. **Agenda must be attached**

Other: _____

Language: Korean _____ Spanish _____ Language Line _____/Language _____ *Other _____

Est. Duration: _____ Location: _____ Room # _____

Interpreter should request to see the following school representative upon arrival: _____

Approved: _____ AdAstra: _____ Denied/Reason: _____

***NOTE: A private agency will be contacted if your written translation request is for any language other than Chinese (Please state Mandarin or Cantonese), Korean or Spanish, or if your oral interpretation request is for any language other than Korean, Spanish or Language Line. If for any reason you need to cancel the translation or interpretation, contact Student Services at least 72 hours in advance as TCSS will be responsible for the cost if the private agency is not notified as required.**

Administrator's Signature (Required) _____ / _____

Print Name

For ESOL Office Use Only

Translation/Interpretation completed by:

_____ Total Hrs. _____ Date Completed: _____

_____ Total Hrs. _____ Date Completed: _____

_____ Total Hrs. _____ Date Completed: _____

_____ Total Hrs. _____ Date Completed: _____

Funding source: Title I Title III SSC Other: _____

ESOL Director's Signature: _____ Date: _____