ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

STATE AND FEDERAL PROGRAMS

REQUEST FOR LANGUAGE SUPPORT

Email requests to the Interpretation and Translation Unit:
interpretationandtranslationunit@arusd.org

➢ INTERPRETATION SERVICE (VERBAL)

Today's Date: _____

******ONE WEEK NOTICE is required for IEP meetings, conferences, and district office events***. We process interpreter requests on a first come, first serve basis. *For languages other than Spanish, we will schedule interpreters through outside language service providers.*

Interpreter for: ☐ **Spanish** ☐ **Vietnamese** ☐ **Other language:** _____

Child's Name** (IEP meetings, assessments, and conferences***): _____

1) ***IN PERSON MEETING***

Date of the Meeting: _____ **School/Department:** _____

Type of Meeting: _____ **Room Number:** _____ **Time:** _____

Number of headphones needed: _____  (***For in person Parent Coffees, Back-to-School Nights, etc.***)

---

2) ***VIRTUAL (ONLINE) MEETING***

******When scheduling your meeting on Zoom, please set up the interpretation feature. Below is the link on how to do this:*
https://support.zoom.us/hc/en-us/articles/360034919791-Using-Language-Interpretation-in-your-meeting-or-webinar

Zoom Meeting Link: _____

Meeting ID: _____ **Access Number:** _____

Length of the Meeting: ☐ **1 Hour** ☐ **2 Hours** **Number of Attendees:** _____

Contact: _____ **District E-mail**: _____

Phone: _____ **Administrator:** _____

➢ TRANSLATION SERVICE (DOCUMENTS)

Today's Date: _____

***We process translation requests by priority. Please submit documents in the following formats:**

☐ **Microsoft (Word, PowerPoint, Publisher)** ☐ **Google (Docs, Slides, Sheets)**

Language: ☐ **Spanish** ☐ **Vietnamese** ☐ **Other language:** _____

School/Department: _____

Type of Document: _____ **Number of Pages** _____ **Due Date**: _____

Contact: _____ **District E-mail:** _____

Phone: _____ **Administrator:** _____

----------FOR OFFICE USE ONLY----------

Assigned to: _____ **Date:** _____

Completed by: _____ **Date:** _____