



TRANSLATION and ORAL INTERPRETATION REQUEST

Translation and Interpretation

SCHOOL/DEPARTMENT: _____

DATE: _____

Option One:

Translation: Date Needed: _____ Please allow 5 business days in advance before services are needed.

Requested documents must be emailed to interpretationsandtranslations@troup.org using **Word, Publisher or Powerpoint.**

Brief description of document: _____

Language: Korean Spanish *Other _____

Option Two:

Oral Interpretation: Date Needed: _____ Time: _____

Please allow 5 business days in advance before services are needed. Fax interpretation request to 706.883.1530 or email

interpretationsandtranslations@troup.org

Student's Name: _____ Grade: _____

Parent's name/phone number _____

Does the interpreter need confirm with the parent regarding the meeting? Yes No

Type of Contact Phone Call Parent Conference Workshop, PTO, etc. **Attach agenda**

Virtual Meeting (send link to interpretationsandtranslations@troup.org) Other: _____

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

Est. Duration: _____ School/Facility: _____ Room # _____

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

***NOTE: A private agency may be used if your written or oral translation request is for any language other Korean or Spanish. If for any reason you need to cancel the translation or interpretation request, contact Student Services as soon as possible. **The use of Language Line should be reserved for brief meetings or for when you need someone and an interpreter is not available.** Call Student Services if you are unsure.**

Administrator's Signature _____ / _____

Print Name

*If multiple requests are needed for the same day, please create a table to include the following: student name, grade, language, parent name/phone number, time of conference and the staff member with whom the conference will be held. Send the additional document along with this request.

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: _____
AdAstra	Total Hrs. _____	Date Completed: _____
Funding source: <input type="checkbox"/> Title I <input type="checkbox"/> Title III <input type="checkbox"/> SSC <input type="checkbox"/> Other: _____		
Approved: _____	Denied/Reason: _____	
ESOL Director's Signature: _____	Date: _____	