LAKEWOOD SCHOOL DISTRICT

"In Partnership for Quality Education"

Lakewood School District | 17110 16th Drive NE | Marysville, WA 98271 | 360-652-4500 (office) | 360-652-4502 (fax)

Interpreter Request Form

____/___/____ Appointment Date

Mon Tue Wed Thu Fri Sat Sun
Circle Corresponding Weekday

_____ Check-in Time

_____ Anticipated Length

_____ Client/Parent Last Name

_____ Client/Parent First Name

_____ Client/Parent Phone Number

☐ Spanish ☐ Russian _____
Check box or write in language required

_____ Name & Title of Service Provider/Staff Member

_____ Appointment Type

_____ Name of Location

_____ Department or Program Name

_____ Appointment Address

_____ Note if interpreter should check-in with someone or somewhere specific, i.e. teacher name and room #

_____ Note if you have interpreter/gender preference or any other special needs, etc.

Additional Information (if any):

_____

_____

_____

_____ Requestor's Printed Name

_____ Administrator's Signature Date

Return completed form to Sophia Deogun, in the Department of Teaching and Learning: sdeogun@lwsd.wednet.edu