

SPECIAL EDUCATION ORAL INTERPRETATION REQUISITION

Please type directly on this form and e-mail (file, save and send) to: pjones@wccusd.net

(For scheduling purposes please allow TWO WEEKS prior notice)

Requested by: _____

(Who should the translator meet/ask for) ?

D\cbY' Number: _____

(Of person requesting translator)

Will Legal Counsel or an advocate be involved? Yes No

For scheduling purposes, how long do you estimate this meeting to last?

Under 1 hour

1-2 hours

over 2 hours

Meeting Information:

Date:

Time:

School Site:

OR Street Address (if not a school):

City:

(Please print)

Student Name:

Parent/Guardian Name:

Contact Phone

Language/s:

Spanish

Cantonese

Farsi

Hebrew

Hindi

Lao

Mandarin

Mien

Português

Punjabi

Tagalog

Urdu

Vietnamese

Other

SST Meeting – Contact the RAP Center



FOR OFFICE USE ONLY

Logged in: _____

Assigned to: _____