CHULA VISTA ELEMENTARY SCHOOL DISTRICT

TRANSLATION/INTERPRETATION ASSISTANCE REQUEST FORM

(English-Spanish pair)

NAME OF REQUESTOR:	EXT.:
SCHOOL SITE/DEPARTMENT:	

For translation (written) assignments, Word is preferred. Please note that pictures (JPEGs) are not editable, so the translation for any wording in them will be sent separately.

Request Date	TRANSLATION ASSIGNMENT	Type of Document/# of Pages	Due Date Requested
Please write any special request(s) here:			

For interpretation (oral) assignments, please include start and end times (i.e.: 2:00 to 4:00 PM). Allow more time for in-person meetings. Once your request is scheduled, you will receive a confirmation from the Communications Supervisor. For virtual meetings, please send calendar invitations to: laura.casas@cvesd.org and maria.couturier@cvesd.org.

Request Date	INTERPRETATION ASSIGNMENT	Event/Meeting Date	Start/Ending Time	In-person or virtual?
For IEP interpretation requests, please include the student and parent's name and the parent's contact information In the following boxes.		Student's Name	Parent's Name	Contact Information
Please write any special request(s) here:				

Requests are served on a first-come, first-served basis. Submit completed forms to: cvesd.translationservices@cvesd.org.

For any questions, please contact Laura Casas, Communications Supervisor at extension 181524 or at laura.casas@cvesd.org.

THANK YOU FOR YOUR REQUEST AND THE OPPORTUNITY TO SERVE YOU!

FOR OFFICE USE ONLY	
Log & O.D.:	*Assigned to:*
Calendar (Interpretations):	*Date completed/e-mailed:*