



**TROUP COUNTY SCHOOL SYSTEM**

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**TROUP COUNTY SCHOOLS  
TRANSLATION and  
ORAL INTERPRETATION REQUEST**

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](mailto:interpretationsandtranslations@troup.org) using **Word, Publisher, or PowerPoint ONLY.**

**(Only editable formats should be sent. No PDFs)**

**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. Email request to [interpretationsandtranslations@troup.org](mailto:interpretationsandtranslations@troup.org)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's name/phone number \_\_\_\_\_

Does the interpreter need to confirm the meeting time and attendance with the parent?  Yes  No

**Meeting type:**  Phone Call  Parent Conference  Workshop, PTO, etc. **Attach agenda**  
 Virtual Meeting (send link to [interpretationsandtranslations@troup.org](mailto:interpretationsandtranslations@troup.org))  Other: \_\_\_\_\_

**Language:**  Korean  Spanish  Language Line \_\_\_\_\_/Language \_\_\_\_\_  Other \_\_\_\_\_

Est. Duration: \_\_\_\_\_ Room # \_\_\_\_\_

The 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 than Korean or Spanish. If, for any reason, you need to cancel the translation or interpretation request, contact Exceptional Education & Support Services as soon as possible. **The use of Language Line should be reserved for brief meetings or when you need someone and an interpreter is not available.** Call Student Success & Accountability if you are unsure.**

**Administrator's Signature** \_\_\_\_\_ / \_\_\_\_\_  
**Print Name**

\*If multiple requests are needed for the same day, please create a separate document and 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 Translation and Oral Interpretation Office Use Only**

Interpreter/Translator assigned: \_\_\_\_\_  
\_\_\_\_\_ Total Hrs. \_\_\_\_\_ Date Completed: \_\_\_\_\_  
\_\_\_\_\_ Total Hrs. \_\_\_\_\_ Date Completed: \_\_\_\_\_  
AdAstra Total Hrs. \_\_\_\_\_ Date Completed: \_\_\_\_\_

Funding source:  Title I  Title III  SSC  Other: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied/Reason: \_\_\_\_\_

**Students Success Director's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_