



Multilingual Multicultural Education Office

"Supporting English Learners Achieve Academic Excellence."

Oral Interpretation Documentation Sheet

This Form Is Required for Oral Interpretation of any source, especially IEP, ETR, 504, and Hearings & Appeal Meetings

Student's name (اسم الطالب): _____ Student ID#: _____

School (المدرسة): _____ Grade (الصف): _____

Reason for Meeting: _____ Language (اللغة): _____

Parents/Guardian (ولي الأمر او الوصي): _____

Name of Interpreter: _____ Date of Interpretation: _____

Please check the one that applies:

Virtual Meeting

(If meeting is virtual, type in signatures)

Face-to-Face Meeting

(If meeting is face to face, please print and sign)

Parent/Guardian Signature (التوقيع): _____ Date (التاريخ): _____

Please check the box if the parent declined interpretation services

Interpreter Signature: _____ Date: _____

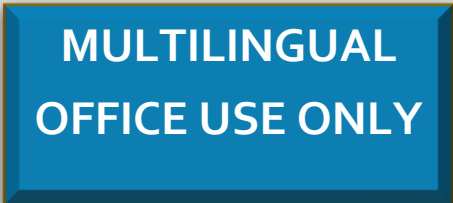
Administrator Signature: _____ Date: _____

"The translation of these particular forms is being offered as a good-faith means of supporting parent engagement and understanding in the IEP/ETR/Hearing process and is not a requirement under 34 CFR 300.322. Timelines for translations will depend upon the availability of translators."

Please scan & email this completed form with all necessary signatures

within 24 hours to:

Translations_Interpretations@clevelandmetroschools.org



Translation Completion Date: _____

Name of Translator _____

Verified by: _____ Date _____