



# Multilingual Multicultural Education Office

"Supporting English Learners Achieve Academic Excellence."

## Oral Interpretation Request Form

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

Student Name \_\_\_\_\_ Student ID#: \_\_\_\_\_

School / Department: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Meeting: \_\_\_\_\_ Language Needed: \_\_\_\_\_

Name & Title of the Person Requesting Oral Interpretation: \_\_\_\_\_

Date Oral Interpretation Needed \_\_\_\_\_ Time \_\_\_\_\_

**Please check which applies:**

Phone Conference

Face to Face Meeting

Virtual Meeting

Zoom ID & Password \_\_\_\_\_

\_\_\_\_\_

Name and Address where Meeting will take Place: \_\_\_\_\_

Please specify any other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

"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."

**Scan/email this form with the completed document to**

**[Translations\\_Interpretations@clevelandmetroschools.org](mailto:Translations_Interpretations@clevelandmetroschools.org)**

**Translations & Interpretations  
OFFICE USE ONLY**

Assigned Interpreter: \_\_\_\_\_

Interpretation Completion Date: \_\_\_\_\_

Name of Interpreter: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date \_\_\_\_\_