



Multilingual Multicultural Education Office

"Supporting English Learners Achieve Academic Excellence."

Parental Request for Written Translation

Translation of Individualized Education Plan (IEP) or Evaluation Team Review (ETR)

Student's name (Jina la mwanafunzi): _____ Student ID # (# Kitambulisho)

School (Shule): _____ Grade (daraja): _____

I (Mimi) _____ request the translation of my child's (omba tafsiri yam toto wangu)

IEP ETR PR-01 to be translated into (Itafsiriwe kwa) _____ Language (Lugha)

Parents/Guardian (Mzazi au mlezi): _____

Address (Anwani ya nyumbani): _____

Phone(Nambari ya simu): _____

Relationship to the student (Uhusiano na mwanafunzi): _____

Please check all that apply:

- I wish to have this document translated
 - I do not wish this document to be translated
 - Virtual Meeting
 - Face-to-Face Meeting
- (If meeting is virtual, type in signatures) (If meeting is face to face, please print and sign)*

Parent/Guardian Signature (Saini): _____ Date (Tarehe): _____

Intervention Specialist/Psychologist Signature: _____ Date: _____

Principal Signature: _____ Date: _____

"The translation of these forms is being offered as a means of good faith for supporting parent engagement and understanding in the IEP 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

MULTILINGUAL OFFICE USE ONLY

Name of Translator/Company

Received Date: _____

Submission Date for Translation: _____

Translation Completion Date: _____

Submission to the Requesting School/Department Date: _____