



TRANSLATION & INTERPRETATION SERVICES POLICY

(Revised November 2025)

School Level Translations & Interpretations Process

The CMSD policy for providing parents bilingual interpreter/ translation support by district employees is as follows as per Ohio Civil Rights action OCR Docket 15-08-1276:

Parents needing interpreter/translation support can also be identified on E-School Plus on the summary page and the Cle-LEP screen. Please pay close attention to both the Home and Native Language sections. If either one is not English, then an oral interpreter is required.

Translations or Interpretations are provided by bilingual administrators, teachers, and bilingual classified instructional aides. Parents identified on the LEP Parents Assistance Roster will be provided interpretation support during all parent conferences, IEP or ETR conferences, and parent meetings.

Principals with Multilingual Education Support Staff should ensure that assigned staff can support parents during all conferences or meetings. Principals of other schools should coordinate conferences or meetings with LEP parents whenever possible, during dates and times when itinerant bilingual education support staff are scheduled at the school.

All schools that need an interpreter of a language not spoken among the current school employees available or do not have bilingual assigned staff at the school or office must contact the Multilingual Education Office to request services for an in-person or virtual interpreter at least **10-15 business days before meetings for IEP's, ETR's, 504's, Behavioral, and SST**. Please refer to the District Phone Interpretation System for all other interpretation needs. Considering the complexity of providing and receiving interpretation services during a meeting, please refer to the Oral Interpretations Meeting Guidelines under the School Level Translations and Interpretations Guide to accommodate all parties involved (school, parent, and interpreter).

For translation requests in Spanish and Arabic, services will be completed within 15-30 days of the date received. Please note that Low Incident Language Translation Requests will have a longer turnaround. Email or call the Multilingual Office in an emergency; we will try to meet your needs. All requests are to be submitted to our subdivision email Translations_Interpretations@ClevelandMetroSchools.org. If you have any questions,



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please get in touch with Lillian Juarbe-Reyes, Translations & Interpretations Manager, at 216-838-6977 or our Translations & Interpretations Specialists, Ms. Waleska Berrios, at 216-838-6979 or Mr. Christian Vera, at 216-838-6986. All documentation related to requesting or providing interpretation services is in a hybrid and bilingual format (e.g., *Spanish/Eng., Arabic/Eng., Swahili/Eng.*); forms can be completed electronically for virtual meetings or printed out and finished by hand for sessions that are held in person. **A signature is REQUIRED on ALL forms by the Principal, Administrator, and Department Administrator.**

All forms are available at www.clevelandmetroschools.org/multilingual under the **Translations and Interpretation Services link.**

IEP Amendments

The Multilingual Multicultural Translations and Interpretations Subdivision will translate Amendments for IEPs sent and received to our Translations and Interpretations Sub-Division 30 days before the IEP expiration date.

- IEP Amendments occurring on or after 10/01/2020 with an IEP expiration date that is within 30 days (Ex. IEP Amendment Date: 10/01/2020, IEP Exp. Date: 11/3/2020) will not be translated because a new IEP will be created within 30 days and sent for translations after that.

When the Individual Education Plan is amended, the following protocols must occur to ensure that the family is aware of the amendments:

- An Interpreter must be provided at the time of the Amendment Meeting
- The Intervention Specialist will ensure that the family understands the services under the amendment.
- **If** the parent wants the amended section of the IEP translated parent must complete the Written Translation Request form.
- The intervention Specialist must highlight the added information and email it along with the Parent Written Translations Request Form to the Translations_Interpretations@ClevelandMetroSchools.org

District-Level Written Translations Request Process

To ensure efficient and concise communication for our Multilingual families, the Multilingual Multicultural Education Department and the Translations & Interpretations Subdivision have created a Request Form for District Level Written Translations for Low Incidence Languages to be used with the Chief Engagement Office.

- Requests should be sent 15 days before the Publication Date
- Complete the District Level Written Translations Request Form thoroughly <https://tinyurl.com/yxwn3hhk>



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- Attach the document needing to be translated (***Please ensure all information on the requested document has been revised and updated to reflect correct dates, names, locations, etc.***)
- **Please make sure all documents are sent in Word Format**

If you have any questions or concerns, please get in touch with Lillian Juarbe-Reyes, Translations and Interpretations Manager, at 216-838-6977 or via email at [www.Lillian.Juarbereyes@ClevelandMetroSchools.org](mailto:Lillian.Juarbereyes@ClevelandMetroSchools.org)



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TransPerfect Phone Services

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CONNECT

TRANSPERFECT

1

DIAL 855-886-2901

OR Non-US/Direct: 480-961-5379



2

ENTER 7902570



3

ENTER PIN

(Please refer to the PIN list or a manager for your PIN)



4

SELECT LANGUAGE



5

CONNECT!



TRANSPERFECT CONNECT | CONNECT-CUSTOMERSERVICE@TRANSPERFECT.COM
+1 855.886.2909 | WWW.TRANSPERFECTCONNECT.COM

1.
2.
3.
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TRANSLATIONS & INTERPRETATIONS SERVICES

As per Ohio Civil Rights (OCR) Docket 15-08-1276, CMSD must provide Translation and Interpretation services to families who are Limited English Proficient (LEP), regardless of the English proficiency of the child.

Interpretation Services

All schools must provide Oral Interpretation Services to families who are not English proficient. Schools **MUST** utilize their assigned bilingual staff to provide this non-optional service. If the school does not have a staff member who speaks the language spoken by the parents, the interpretation must be provided in one of the following ways:



Phone Interpretation System

The following are some, but not limited to, instances of when to use the phone system:

- Schedule a meeting
- Call a parent with a concern
- Emergency circumstances where a District Interpreter is not available to assist
- Inquire about absences
- Request documents or records
- Communicate classroom/school procedures
- Any non-legal school communication.

When to Request an Interpreter (Virtual and/or in person)

A request for interpretation must be done through the Multilingual Education Department

Services for an in-person or virtual interpreter should be submitted at least 10-15 business days prior to legal meetings such as:

- ETR
- IEP
- SST
- 504
- Behavioral/Disciplinary
- Extended Meetings
- Any Legal Meetings

Phone System Information

Dial: 855-886-2901
Customer ID: 7902570
Pin#:

Upon connecting to the phone system, you will need to enter a PIN #. Each school has its own access PIN. Do **NOT** share this PIN with anyone outside your school, as each school or department is assigned a unique access PIN.

TRANSPERFECT CONNECT

LANGUAGE CODES

Afrikaans: 237	Fujianese: 385	Lithuanian: 548	Shona: 746
Akan: 252	Fula: 385	Luganda : 584	Sichuan: 742
Albanian: 252	Fulani: 385	Luo: 586	Sicilian: 742
Amharic: 264	Fuzhou: 389	Lusoga: 587	Sindhi: 746
Arabic: 272	Ga: 42	Luxembourgeois: 589	Sinhalese: 746
Armenian: 276	Gaelic-Irish: 423	Maay: 622	Slovak: 756
ASL: 263	Gaelic-Scottish: 423	Macedonian: 622	Slovenian: 756
Assyrian: 277	German: 437	Malagasy: 625	Somali: 766
Azerbaijani: 293	Gorani: 467	Malayalam: 625	Soninke: 766
Bahdini: 224	Greek: 473	Maltese: 625	Sorani: 767
Bambara: 226	Gujarati: 485	Mandarin: 626	Spanish: 772
Basque: 227	Haitian Creole: 424	Mandingo: 626	Sudanese Arabic: 783
Belarusian: 235	Hakka: 425	Mandinka: 626	Sundanese: 786
Bengali: 236	Hassaniyya: 427	Marathi: 627	Susu: 787
Bosnian: 267	Hausa: 428	Mien: 643	Swahili: 792
Bravanese: 272	Hebrew: 432	Mirpuri: 647	Swedish: 793
Bulgarian: 285	Hindi: 446	Mixteco: 649	Sylhetti: 795
Burmese: 287	Hmong: 466	Moldovan: 665	Tagalog: 824
Cambodian: 226	Hungarian: 486	Mongolian: 666	Taiwanese: 824
Cantonese: 226	Ibanag: 422	Navajo: 628	Tajik: 825
Catalan: 228	Icelandic: 423	Neapolitan: 632	Tamil: 826
Chaldean: 242	Igbo: 442	Nepali: 637	Telugu: 835
Chamorro: 242	Ilocano: 456	Nigerian Pidgin: 644	Thai: 842
Chaozhou: 242	Indonesian: 463	Norwegian: 667	Tibetan: 842
Chavacano: 242	Inuktitut: 468	Nuer: 683	Tongan: 866
Chin: 244	Italian: 482	Oromo: 676	Tshiluba: 874
Cree: 274	Jakartanese: 525	Pahari: 724	Turkish: 887
Croatian: 276	Japanese: 527	Pampangan: 726	Ukrainian: 857
Czech: 293	Javanese: 528	Pashto: 727	Urdu: 873
Dakota: 325	Kanjobal: 526	Patois: 728	Uzbek: 892
Danish: 326	Karen: 527	Pidgin English: 743	Vietnamese: 843
Dari: 327	Kashmiri: 527	Polish: 765	Visayan: 847
Dinka: 346	Kikuyu: 545	Portuguese: 767	Wolof: 965
Dioula: 346	Kinyarwanda: 546	Portuguese Creole: 767	Yiddish: 943
Dutch: 388	Kirundi: 547	Pothwari: 768	Yoruba: 967
Estonian: 378	Korean: 567	Pulaar: 785	Yupik: 987
Ewe: 393	Kosovan: 567	Punjabi: 786	
Fante: 326	Kotokoli: 568	Putian: 788	
Farsi: 327	Krio: 574	Quechua: 783	
Fijian Hindi: 345	Kurdish: 587	Romanian: 766	
Finnish: 346	Kurmanji: 587	Russian: 787	
Flemish: 353	Lakota: 525	Samoan: 726	
French: 373	Laotian: 526	Sango: 726	
French Canadian: 373	Latvian: 528	Serbian: 737	
French Creole: 373	Lingala: 546	Shanghaiese: 742	



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PHONE SYSTEM ANOMALY REPORT

Please complete if for some reason when using the Interpretation Phone System, you encounter any difficulties such as:

- Lack of quality customer service
- Technical phone issues (call drop, static, noise, etc.)
- Extensive wait time to connect with an interpreter
- Unable to connect to requested language

Email to Transltions_Interpretations@clevelandmetroschools.org after completion

Date:	Time:
Interpreter ID #:	Time Zone:
Company Name: Cleveland Metropolitan School	Language:
7 Digit Client ID: 7902570	Your Name:
Issue:	

Phone System Anomaly Report

- This report serves as a tool for documenting any issues you may experience while connected with an interpreter.
- Please ensure that all information is fully completed, including the Interpreter ID number. You will receive this ID number during the interpreter's initial introduction.
- To ensure you can be assisted effectively with any issue, please make sure to **record the interpreter ID number at the start of every call.**



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Translations & Interpretation Forms



Oral Interpretation Request Form

- This form should be completed if you require an interpreter for legal meetings. This includes meetings related to special education, such as Individualized Education Program (IEP), Evaluation Team Report (ETR), and 504 plans, among others.
- Interpretation services are offered in several formats to accommodate diverse needs: In-Person, Telephone, and Video Conference.
- To access these services, please complete this form and submit it to Translations_Interpretations@clevelandmetroschools.org. This step is necessary to ensure your request is processed.
- The request should be submitted 10-15 days before the meeting



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ENGLISH ONLY



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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



**Translations & Interpretations
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Assigned Interpreter: _____

Interpretation Completion Date: _____

Name of Interpreter: _____

Verified by: _____ Date _____



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Oral Interpretation Documentation Sheet

- Interpreter's Responsibility
- After completing an interpretation, the Interpreter needs to complete the form.
- The form must be signed by all parties (Parent/Guardian, Interpreter & Administrator)
- If it is a virtual or phone conference, type Parent/Guardian's name
- This form is to be scanned and emailed to Translations and Interpretations within 24 hours after the meeting
Translations_Interpretations@clevelandmetroschools.org

Note: This form is provided in 4 Languages: English, Spanish, Arabic & Swahili



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ENGLISH



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Oral Interpretation Documentation Sheet

This Form Is Required for Oral Interpretations of any source, especially IEP, ETR, 504, and Hearing & Appeals Meetings

Student Name: _____ Student: _____

School: _____ Grade: _____

Reason for Meeting: _____ Language: _____

Parents/Guardian: _____

Name of Interpreter: _____ Date of Interpretation: _____

Please check the one that applies:

Phone Conference

Virtual Meeting

In-Person Meeting

(If meeting is virtual or by phone, type in signatures)

(If meeting is in-person, please print and sign)

Parent/Guardian Signature: _____ Date: _____

Please check the box if the parent declined interpretation services.

Interpreter Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

"The translation of these particular forms is being offered as a means of good faith for 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

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Interpretation Completion Date: _____

Name of Interpreter: _____

Verified by: _____ Date: _____



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SPANISH

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Oral Interpretation Documentation Sheet

This Form is Required for Oral Interpretations of any source, especially IEP, ETR, 504, and Hearing & Appeals Meetings
 Este formulario es requisito para interpretaciones orales, especialmente para reuniones de PEI, Evaluaciones, Plan 504, y audiencias y apelaciones

Student Name (Nombre del Estudiante): _____ Student ID#: _____

School (Escuela): _____ Grade (Grado): _____

Reason for Meeting: _____ Language (Idioma): _____

Parents/Guardian (Padres o Guardián): _____

Name of Interpreter: _____ Date of Interpretation: _____

Please check the one that applies:

Phone Conference
 Virtual Meeting In-Person Meeting

(If meeting is virtual or by phone, type in signatures) (If meeting is in-person, please print and sign)

Parent/Guardian Signature (Firma): _____ Date (Fecha): _____

Please check box if parent declined interpretation services.

Interpreter Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

"The translation of these particular forms is being offered as a means of good faith for 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 availability of translators" ("La traducción de estas formas particulares es ofrecida como un medio de buena fe en apoyo a los padres comprometidos y comprendiendo el proceso del PEI y no es un requisito bajo 34 CFR 300,322"). Las fechas para las traducciones dependerán de la disponibilidad de los traductores")

**Please scan & email this completed form with all necessary signatures
 within 24 hours to:**

Translations_Interpretations@clevelandmetroschools.org

MULTILINGUAL OFFICE USE ONLY

(PARA USO DE LA OFICINA SOLAMENTE)

Interpretation Completion Date: _____

Name of Interpreter: _____

Verified by: _____ Date: _____

Translations / Interpretations Flow Chart & Expectations, 2025; Rev 8/25




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ARABIC

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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 أو 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

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Translation Completion Date: _____

Name of Translator: _____

Verified by: _____ Date: _____

Translations / Interpretations Flow Chart & Expectations, 2020; Rev 08/2025

Gonzalez, Jose O. | CMUSD




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SWAHILI

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Oral Interpretation Documentation Sheet

This Form is Required for Oral Interpretations of any source, especially IEP, ETR, 504, and Hearing & Appeals Meetings

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

School (Shule): _____ Grade (Daraja): _____

Reason for Meeting: _____ Language (lugha): _____

Parents/Guardian (Mzazi au Mlezi): _____

Name of Interpreter: _____ Date of Interpretation: _____

Please check the one that applies:

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): _____

Please check box if parent declined interpretation services

Interpreter Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

The translation of these particular forms is being offered as a means of good faith for 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

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Interpretation completion Date: _____

Name of Interpreter: _____

Verified by: _____ Date: _____

Translations / Interpretations Flow Chart & Expectations, 2020; Rev 8/2025

Gonzalez, Jose O. | CMSD

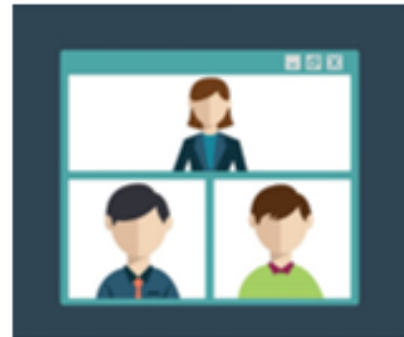
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MEETING INTERPRETATIONS GUIDELINES

The Translations and Interpretations Subdivision provide interpretation services Face to Face or any virtual meeting due to COVID-19. The following are to serve as a guide in the planning and performing of meetings.

- Cultural Sensitivity is imperative
 - Being aware of and addressing the Parent's cultural needs as well as the social, emotional, and cognitive needs and abilities to better serve the individual and integrate them in the education of their child.
- When deciding on how to perform the meetings (**online app vs phone call**) consider the resources of the Parents. Not all families are able to use online apps and video calls. Phone calls are the easiest way.
- Send a draft of the document prior to the meeting to aid the interpreter.
- All members to the meeting team must be prepared at the time of the meeting. Time spent waiting equals resources wasted.
- Keep information to the point and simple
- Summarize main points
- Remember to pause and allow for interpretation
- Only one person at the time should speak and avoid side conversations that interfere with the interpretation.
- Direct all information to the parent
- Keep the duration of the meeting to a reasonable time (during high demand seasons meetings should limit to a 45 min frame)
- Two-time limit warnings will be provided.
- Translations/Interpretation specialist can intervene if the interpretation services are abused or improperly used. (2 warnings will be given)





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Parental Request for Written Translation

- This form is to be scanned and emailed to Translations and Interpretations.

Translations_Interpretations@clevelandmetroschools.org

Note: Form is provided in 4 Languages: English, Spanish, Arabic & Swahili



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ENGLISH



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Parental Request for Written Translation

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

Student's name: _____ Student ID # _____

School: _____ Grade: _____

I _____ request the translation of my child's

IEP ETR PR-01 to be translated into Language _____

Parents/Guardian: _____

Address: _____

Phone #: _____

Relationship to the student: _____

Please check all that apply:

- I wish to have this document translated
- I do not wish this document to be translated
- 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: _____ Date: _____

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: _____



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SPANISH



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Parental Request for Written Translation

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

(Solicitud de Padres para la traducción del Programa Educativo Individualizado (PEI) o del Informe del Equipo de Evaluación (IEE))

Student Name (Nombre del Estudiante): _____ Student ID # (#ID Estudiante) _____

School (Escuela): _____ Grade (Grado): _____

I (Yo) _____ request the translation of my child's (solicito la traducción del)

IEP ETR PR-01 to be translated to (para ser traducido al) _____ Language (idioma)

Other: _____

Parents/Guardian (Padre o Guardián): _____

Address (Dirección): _____

Phone (Teléfono): _____

Relationship to the student (Relación con el estudiante): _____

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 (Firma): _____ Date (Fecha): _____

Intervention Specialist/Psychologist Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

"The translation of these particular 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 availability of translators" ("La traducción de estas formas particulares es ofrecida como un medio de buena fe en apoyo a los padres comprometidos y comprendiendo el proceso del PEI y no es un requisito bajo 34 CFR 300,322"). Las fechas para las traducciones dependerán de la disponibilidad de los traductores")

Scan/email this form with the completed document to Translations_Interpretations@clevelandmetroschools.org

MULTILINGUAL OFFICE USE ONLY
(PARA USO DE LA OFICINA
SOLAMENTE)

Name of Translator/Company _____

Received Date: _____

Submission Date for Translation: _____

Translation Completion Date: _____

Submission to the Requesting School/Department Date: _____

Revised January 2025; Revised 8/2025

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ARABIC



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Parental Request for Written Translation

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

Student's name (أسم الطالب): _____ Student ID # (هوية الطالب #): _____

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

I (أنا) _____ request the translation of my child's (أطلب ترجمة تقرير طفلي)

IEP ETR PR-01 to be translated into (أن تترجم إلى) _____ Language (اللغة)

Parents/Guardian (Padre o Guardián): _____

Address (العنوان): _____

Phone (الهاتف): _____

Relationship to the student (صلة القرابة بالطالب): _____

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 (التوقيع): _____ Date (التاريخ): _____

Intervention Specialist/Psychologist Signature: _____ Date: _____

Principal Signature: _____ Date: _____

"The translation of these particular 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

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ONLY

Name of Translator/Company

Received Date: _____

Submission Date for Translation: _____

Translation Completion Date: _____

Submission to the Requesting School/Department Date: _____



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SWAHILI



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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
(If meeting is virtual, type in signatures)
- Face-to-Face Meeting
(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: _____