

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 ID#: _____

School: _____ Grade: _____

Reason for Meeting: _____ Language Needed: _____

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."

Scan/email this completed form with all necessary signatures within 24 hours to:
Translations_Interpretations@clevelandmetroschools.org

**MULTILINGUAL
OFFICE USE ONLY**

Interpretation Completion Date: _____

Name of Interpreter: _____

Verified by: _____ Date: _____

