

Oral Interpretation Documentation Sheet

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

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

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

Reason for Meeting: _____ Language Needed (**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 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." ("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 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: _____

