Oral Interpretation Request Form

This form Is required for Oral Interpretations of any source, especially IEP, ETR, 504, and Hearing & Appeals 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 the one that applies:

☐ Phone Conference ☐ Virtual Meeting

☐ Face to Face Meeting ☐ *Zoom ID & Password* _____

_____

Name and Address the meeting will take place: _____

Please specify and other Pertinent Information: _____

_____

_____

"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 form with the completed document to
Translation_Interpretations@clevelandmetroschools.org

TRANSLATIONS & INTERPRETATIONS

OFFICE USE ONLY

Assigned Interpreter: _____

Interpretation Completion Date: _____

Name of Interpreter: _____

Verified by: _____ Date: _____