Parental Request for Written Translation

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

Student 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 ☐ Face-to-Face Meeting

(If meeting is virtual or by phone, type in signatures) ***(If meeting is in-person, 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: _____