Oral Interpretation Documentation Sheet

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

Student Name **(اسم الطالب)**: _____Student ID#: _____

School **(المدرسة)**: _____Grade **(الصف)**: _____

Reason for Meeting: _____ Language **(اللغة)**: _____

Parents/Guardian **(ولي الأمر او الوصي)**: _____

Name of Interpreter: _____ Date of Interpretation: _____

Please check the one that applies:

☐ Phone conference

☐ Virtual Meeting

(If meeting is virtual, type in signatures)

☐ Face-to-Face Meeting

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

Parent/Guardian Signature **(التوقيع)**: _____ Date **(التاريخ)**: _____

☐ 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: _____