

Parental Request for Written Translation

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

Student Name (أسم الطالب): _____ Student ID (هوية الطالب): _____

School (المدرسة): _____ Grade: (الصف): _____

I (أنا) _____ request the translation of my child's (أطلب ترجمة تقرير طفلي)

IEP ETR PR-01 to be translated into (أن تترجم الى) Language _____

Other _____

Parents/Guardian (Padre o Guardián): _____

Address (العنوان): _____

Phone # (الهاتف): _____

Relationship to the student (صلة القرابة بالطالب): _____

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 (التوقيع): _____ Date (التاريخ): _____

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: _____

