

Parental Request for Written Translation

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

Student Name: **(Jina la mwanafunzi):** _____ Student ID **(#Kitambulisho)** _____

School **(Shule):** _____ Grade **(daraja):** _____

I **(Mimi)** _____ request the translation of my child's **(omba tafsiri yam toto wangu)**

IEP ETR PR-01 to be translated into **(Itafsiriwe kwa)** Language **(Lugha)** _____

Other _____

Parents/Guardian **(Mzazi au mlezi):** _____

Address **(Anwani ya nyumbani):** _____

Phone # **(Nambari ya simu):** _____

Relationship to the student **(Uhusiano na mwanafunzi):** _____

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 **(Saini):** _____ Date **(Tarehe):** _____

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." " (**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 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: _____

