monroe one
EDUCATIONAL SERVICES

Interpretation (Spoken)
Translation (Written)
Request Form

Ten (10) Days Advance Notice is Requested

Service Purpose: Interpretation (Spoken) Translation (Written) Language:

Interpreters are there ONLY to interpret. Please do not ask them to do other work once they arrive (i.e. translate, etc.)

Name of Interpreter/Translator (optional): **Will accept another person: ☐Yes ☐No**

Service Type: In-Person: Virtual: **If in person isn't available, is virtual an option? Yes ☐ No**

Time Interpreter/Translator should report: AM PM Hours/Minutes Requested:

District: District Contact: (For verification or questions)

Date service is requested for:

Name of school/location in-person Interpreter/Translator should report to:

School/location Address: (Not necessary for virtual services):

Location Contact:

Location Contact Phone#: Location Contact Email:

Location in building where Interpreter/Translator will report to:

Unless otherwise indicated, Interpreter/Translator will report to the main office

Student(s) Name(s): Grade(s):

Parent Name: Phone #:

*****Minimum Charges** **In-person meetings** - 1 hour · **Virtual** - 30 minutes

COMPLETE FOR NYS TESTING ONLY

Interpreter will also proctor: Yes: No:

****District will provide training Training Date: Time: AM PM Location:**

***Proctor Training: Minimum 1 hour to be billed on meeting date.**

District Administrator Authorization:

Signature* Print Name

***By signing this service request, it is agreed that this serves as a guarantee of payment for services provided and an agreement that the requesting district is responsible for initiating and completing a "Cross Contract" for services if the district is not a component of Monroe One BOCES**

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