

TRANSLATION REQUEST FORM

Upon receipt of this form, the translator will be contacted. Please allow up to 30 calendar days.

Person Writing Request:	Date:
Language Requested (Including Sign Language):	

Please check One: Regular Education Student: Special Education Student:

Is student receiving ENL Services? Yes No

In Person Meetings: Verbal Translation for instructional purposes: Testing/Grading

Date:	Time:
School/Room #:	Anticipated Duration of Meeting or Test:
Testing/Grading: What is the nature of this meeting? What is the test?	
Name of Student/Parent/Family Needing Services:	

Written Translations

Describe item to be Translated:	Date Needed:
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Parent Contact via Telephone, Text, Computer/Tele-Therapy, etc.

Date:	Time:
Requestor Phone and/or email:	
Name of Student/Parent/Family Needing Service:	
Parent/Guardian Contact Information:	
What is the method of communication used:	
What is the purpose?	

Detailed Information to be relayed to family:

Approval

<hr/> Assistant Superintendent of Teaching and Learning	Date:
Translator/Agency Assigned:	Date: