

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

Verbal Translations/In Person Meetings/Testing/Grading

Date:	Time:
School/Room #:	Anticipated Duration of Meeting or Test:
Testing/Grading: (What Test)	
Name of Student/Parent/Family Needing Services:	

Written Translations

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:	

Detailed Information to be relayed to family:

Approval

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District Director of Educational Equity and Instructional Support:	Date:
Translator/Agency:	Date: