

**Interpretation (Spoken)**  
**Translation (Written)**  
**Request Form**

**\*\*Requests to read a document to a family will also include translation charges. Please call for details or clarification.**

**Ten (10) days advance notice is requested. Please email (or fax)**

District \_\_\_\_\_ Date \_\_\_\_\_

Contact (for verification or questions) \_\_\_\_\_

Language/Dialect: \_\_\_\_\_ Name of translator/interpreter: \_\_\_\_\_  
(optional)

Will accept an alternative person if the above is not available  Yes  No

Date \_\_\_\_\_ Service Purpose: \*\*Interpretation (Spoken) Translation (Written)

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

Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where Translator/Interpreter should report: \_\_\_\_\_

Address: \_\_\_\_\_

Location Contact Person: \_\_\_\_\_

Location Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unless indicated otherwise, will report to main office: \_\_\_\_\_

Time to report:  AM  PM \*Estimated Hours/Minutes:

**\*Minimum charges:** Meetings 1 hr · Phone Calls 15 min · Same day cancellation 1 hr (except weather related)

**COMPLETE FOR NYS TESTING ONLY:**

Translator will also proctor: Yes: \_\_\_\_\_ No: \_\_\_\_\_ (\*\*District will provide training)

Training Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

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

**District Administrator Authorization:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name