



**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:

Date service is requested for:

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

District: **District Contact:** (For verification or questions)

Location in-person Interpreter/Translator should report to:

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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