



**INTERPRETATION (Spoken)
TRANSLATION (Written)
REQUEST FORM FOR BOCES PROGRAMS
Ten (10) days advance notice required.**

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

Program requesting service: _____

Budget code: _____

Language needed: _____

Name of interpreter/translator: _____
(optional)

Purpose of service: _____

Date(s) requested: _____

Student: _____ Grade: _____

Parent: _____

Virtual: _____

Location of Assignment: _____

Address: _____

Contact: _____

Phone: _____ Email: _____

Location interpreter should report: _____

Time to report: _____ AM _____ PM Estimated hours/minutes: _____

Minimum charges: **In-person Meetings** - 1 hr • Phone calls 15 min • Less than 24 hours notice 1 hr (except weather related)
Virtual - Less than 24 hours notice - 30 min

| | |
|-----------------------|--------------------|
| Authorization: | |
| _____ Print name | _____ Signature |

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