



Interpreter Request

Requests sent to: **Special Education** – Joanne Davidson, JDavidson@scsd.us
All others – InterpreterRequest@scsd.us

EMAIL ALL REQUESTS IN PDF DOCUMENT (NO SCANNED/ HANDWRITTEN COPIES)

Part 1: Complete by Requester			
Today's Date:		Your Name:	
School Name:		Position:	
Your Phone #:		Your email:	
Student Name:		Student ID #:	
Date Needed:		Student Language:	
Location/Event address (w Zip Code)		Student Info: Guardian Name Address (w Zip Code) Phone #	
Start Time:		Administrator Name:	
End Time:		Before submitting the form please confirm all of the following:	<input type="checkbox"/> The phone number provided can reach the individual <input type="checkbox"/> The student and/or family lives at the listed address <input type="checkbox"/> The individual does not speak English
<u>Check one box for reason of request:</u> <input type="checkbox"/> Set up meeting <input type="checkbox"/> Attend meeting <input type="checkbox"/> Home Visit <input type="checkbox"/> Phone Home <input type="checkbox"/> Talk to Student <input type="checkbox"/> Medical <input type="checkbox"/> Other	<u>Explain type of assistance required:</u> 		
Part 2: Complete by Office of ENL, World Languages and Bilingual Education			
Date of Assign:		OTDA	<input type="checkbox"/> RSIP <input type="checkbox"/> RISWP <input type="checkbox"/> N/A
Assigned by:		BIN App on File	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter Name:		Date Completed	
		Service Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 3: To be filled out by SCSD Nationality Worker Assigned			
Date Completed:		Nationality Worker Name:	
Results:			

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