**Request for Translator**

**Case Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** | **Student ID#** | **DOB** | **Language** | **Purpose** | **Location** | **Date** | **Time** |
|  |  |  |  | [ ] IEP Meeting [ ]Testing \*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  | [ ] IEP Meeting [ ]Testing \*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  | [ ] IEP Meeting [ ]Testing\*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  | [ ] IEP Meeting [ ]Testing\*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  | [ ] IEP Meeting [ ]Testing\*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  | [ ] IEP Meeting [ ]Testing\*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  | [ ] IEP Meeting [ ]Testing\*  [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**\*Please note: The only evaluations that can be completed through a translator are: Social, OT, and PT. All other evaluations must be requested using a Bilingual Evaluation Request Form.**

**Please complete this form and return it to Sally Robinson no later than 10 days before the requested date**. Translators must be requested for two-hour blocks or longer. If your translation needs are less than two hours, please arrange for someone within your building to translate.