

Jefferson County Schools Interpreter Request Form

Fax to: 379-2235

REQUESTS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR FOR APPROVAL

Complete the following:

Date Submitted: _____ Requested By: _____

School/Department Name: _____ Language Needed: _____

Type of Translation Needed: Phone Call Parent Meeting Translate Document
 IEP MEDC MET Student Services Hearing
 Other: _____

Name of Teacher: _____ Phone Number: _____

Name of Student: _____ Is student an ELL? _____

Name of Parent(s): _____ Phone Number: _____

Description of request: (Provide ALL pertinent information – days/times, etc)

Only forms not available on TRANSACT will be considered for translation.

FOR OFFICE USE ONLY

Date Received: _____ By: _____

Approved: _____ Confirmation Sent: _____

Placed on Calendar: _____ Agency: _____

Note: