



Oral Interpretation Request Form

This Form Is Required for Oral Interpretation of any source, especially IEP, ETR, 504, and Hearings & Appeal Meetings
Este formulario es requisito para traducciones orales, especialmente para reuniones de PEI, Evaluaciones, Plan 504 y audiencias y apelaciones

Student's Name _____ CMSD ID#: _____

School / Department: _____ Grade: _____

Reason for Oral Interpretation: _____ Language Needed: _____

Name & Title of the Person Requesting Oral Interpretation: _____

Date Oral Interpretation Needed _____ Time _____

Name and Address where Meeting will take Place: _____

Please specify any other Pertinent Information: _____

"The translation of these particular forms is being offered as a good faith means of supporting parent engagement and understanding in the IEP/ETR/Hearing process and is not a requirement under 34 CFR 300.322. Timelines for translations will depend upon availability of translators" ("La traducción de estas formas particulares es ofrecida como un medios de buena fe en apoyo a los padres comprometidos y comprendiendo el proceso del PEI y no es un requisito bajo 34 CFR 300,322. Las fechas para las traducciones dependerán de la disponibilidad de los traductores")

Scan/email this form with the completed document to
Multilingual@clevelandmetroschools.org

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(PARA USO DE LA OFICINA SOLAMENTE)

Assigned Interpreter: _____

Translation completion Date: _____

Name of Translator: _____

Verified by: _____ Date _____