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**International Center**

**Interpreter Request Form**

**During School Hours 7:30 a.m. – 4:00 p.m.**

Today’s Date:

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| School/Department:  Phone #: | | Requested by:  Position: | | |
| * Complete the top portion of this form and complete one of the two sections below (conference or school/district event). * Send your completed form via email to [interpreter@clayton.k12.ga.us](mailto:interpreter@clayton.k12.ga.us) Please request services at least five (5) business days in advance. Confirmation will be sent prior to the conference/event date. | | | | |
| **I. Conference** **(one form per student)** Does the interpreter need to confirm with the parent?  Yes  No | | | | |
| Language:  Spanish  Vietnamese  Other:  Date of Conference: **Click here to enter a date.**  Start Time: | | | **Student CCPS ID# (for IEP requests only)**  Student Name:  Parent/Guardian Name:  Parent/Guardian Phone #:  Alternate Phone #: | |
| **Indicate type of service – Over-the-Phone or Face-to-Face (check one, only):**    **Over-the-Phone Interpreter** (15 - 30 minutes) – Interpreter will call the teacher (contact person) at the scheduled time to serve as the phone interpreter. A cell phone (with or without speakers) or landline phone can easily facilitate this process. *Teacher’s (contact person’s) phone number for conference call:*  **-OR-**  **Face-to-Face Interpreter (select below)** | | | | |
| Parent/Teacher (45 mins.)  Parent/Teacher (1 hr.)  Disciplinary/Hearing (1.5 hrs.) | Counseling/Social Work (1 hr.)  RTI (30 mins.)  RTI (1 hr.) | | | Evaluation (2 hrs.)  504 (2 hrs.)  Other: |
| Comments (optional): | | | | |
| **Special Education Teachers ONLY:**  Email this form directly to the DES Department attention Donna Womack at [donna.womack@clayton.k12.ga.us](mailto:donna.womack@clayton.k12.ga.us). The Director or designee will approve the request. Approved requests **must** be sent to the International Center at [interpreter@clayton.k12.ga.us](mailto:interpreter@clayton.k12.ga.us) at least (5) business days in advance. Contact the DES Department if you have questions.  Initial Eligibility  IEP - (1 hr.)  IEP - (2 hrs.)  IEP (3 hrs.)  Pre K Diagnostics (2 hrs.) | | | | |
| **II. School/District Event** (specify title of event): | | | | |
| Language:  Spanish  Vietnamese  Other:  Date of Activity:  Location of Activity:  Time: From:  to | | | Indicate program type of event: (check one, only):  Title I  ESOL  IDEA  General Education  Student Services  Other: | |
| Talk and Listen Kit Needed?  Yes  No | | | If yes, number of transmitters:  0-20  20-40  40-100  100+ | |
| **Phone Call Services Available** - Call the International Center if you need to make phone calls to parents. A form is not required. Mode of service is a three-way conference call. Interpreters cannot relay messages. Calls should average **5-10 minutes**. Service is available 8:00 a.m. – 4:00 p.m. | | | | |
| **DES Office Approval for IEPs/Pre K Diagnostics:**  **Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name (print) Signature Date** | | | | |

August 2018