



INTERPRETATION/TRANSLATION REQUEST FORM

Date Requested: ____ / ____ / ____

Requested by: _____ School: _____

Email: _____ Phone number: _____ Ext. _____

Date of interpretation/translation needed: _____

Time: _____ Location: _____

Language (s):

Spanish Portuguese Cape Verdean/Portuguese Crioulo Other: _____

Type of service, please select one: Interpretation (Oral) Translation (Written)

Services needed for: Parent-Teacher Conference School Event Meeting Other

Special Education (Please circle one: Localization, Initial, Review, 3 Year Revaluation, other)

Details:

Approved by **Principal/Headmaster** signature: _____ Date: _____

Please send **SPED** requests to:
Fanny Nieves
 PRAB- Room 232
 Tel: 508-997-4511 Ext.14453
fnieves@newbedfordschools.org

Please send **all other** requests to:
Orlenda Jackson
 PRAB- Room 106
 Tel: 508-997-4511 Ext.14660
ojackson@newbedfordschools.org

Internal use only
Approved by:

 Sonia Walmsley
 Executive Director of Educational
 Access and Pathways

 Sandra Ford
 Executive Director for Special
 Education and Student Services