



FREE LANGUAGE ASSISTANCE AVAILABLE UPON REQUEST

# ORLEANS PARISH SCHOOL BOARD

## Language Assistance Request Form

To request FREE interpretation or translation services, please complete and return this form to the District Interpreter.

Ms. Hiromi Silva: [hiromi\\_silva@opsb.us](mailto:hiromi_silva@opsb.us) Office: 504-359-8167 Fax: 504-379-8167

Mr. Vietquynh Pham: [vpham@opsb.us](mailto:vpham@opsb.us) Office: 504-304-3559 Fax: 504-379-3559

### Parent/Guardian/Requester Contact Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (optional): \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

### PLEASE CHECK THE APPROPRIATE BOXES:

I need  interpretation (oral) or  translation (written) services relative to:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Athletics              | <input type="checkbox"/> Discipline     | <input type="checkbox"/> Enrollment                | <input type="checkbox"/> Gifted and Talented  |
| <input type="checkbox"/> Homeless Services      | <input type="checkbox"/> IEP Meeting    | <input type="checkbox"/> Title III/ELL             | <input type="checkbox"/> Parental Involvement |
| <input type="checkbox"/> Special Education      | <input type="checkbox"/> Transportation | <input type="checkbox"/> Parent-Teacher Conference |   |
| <input type="checkbox"/> Other (Specify): _____ |   |  |   |

### **INTERPRETATION:** Fill out only if you need **interpretation (oral)** services

- Date of Service: \_\_\_\_\_
- Time of Service: \_\_\_\_\_
- Interpreter needs to contact parent to inform of meeting:  Yes  No
- On the day of service, interpreter should check in with: \_\_\_\_\_
- Language Requested: \_\_\_\_\_
- Location of Service: \_\_\_\_\_

Interpretation requests must be submitted with a notice of **at least 5 school days**.

### **TRANSLATION:** Fill out only if you need **translation (written)** services

- I understand I *must* attach a word or PDF version of the document I need translated.
- I have e-mailed the original  word and/or  PDF version of the document.
- Language requested for translation: \_\_\_\_\_

### **APPROVED BY:**

Signature of School Leader/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

#### **YOUR INTERPRETATION AND TRANSLATION NEEDS ARE VERY IMPORTANT TO US.**

Some documents may be interpreted rather than translated. Non-district approved interpreters (including students and other children) **may not** be used for interpretation or translation services. For more information on Language Assistance Services, please, contact the District Language Interpreter Office or visit the Language Assistance webpage at <http://www.opsb.us>.

All services are free to parents and guardians.

### **District Office Use Only:**

Date Services Provided: \_\_\_\_\_ Parent Accepted Services  Parent Declined Services

Parent Signature: \_\_\_\_\_

Interpreter/Translator Signature: \_\_\_\_\_