



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 Office: 504-359-8167 Fax: 504-379-8167

Mr. Vietquynh Pham: 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: _____