

Westport Community Schools

Request for Translation/Interpretation Services

Please submit this request by e-mail to: hneves@westportschools.org

Request for (check one):

Written translation In-person/face-to-face interpreting Interpreting by telephone

Request made by: _____ Position: _____

School/Department: _____ Contact Information: _____

Details of Translation

From English into _____ or From _____ into English

| Written Translation <input type="checkbox"/> Online content <input type="checkbox"/> Word/.doc files | Oral Interpreting <i>(Confirm meeting date, time and location with parent before arranging interpreting service.)</i> |
|--|--|
| Document Title(s): _____ Student Name: _____ Due Date: _____ Additional Instructions: _____ | <input type="checkbox"/> In-person/face-to-face interpreting Date: _____ Time: _____ Location: _____ Reminder call needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone Number: _____ <input type="checkbox"/> Interpreting by telephone Parent/Guardian Name: _____ Telephone Number: _____ Name of Student: _____ |

FOR OFFICE USE ONLY

Translation completed: Yes No Meeting rescheduled for: _____

Meeting Cancelled: Yes No Translator Absent: Yes No

Parent Absent: Yes No Other: _____

Office Administrator's initials: _____