



Request to ESL Department for Interpreter/Translation Services

Date: _____ School: _____

Type of Request: Interpreter Translation
(Check One or Both)

Person Making Request: Staff Teacher Parent
(Check One)

Name of Person making Request: _____ Telephone: _____

Parent's Name: _____ Telephone: _____

Student's Name: _____ Grade _____

Language Requested: _____ Number of interpreters Requested: _____

Date/Time/Place Interpretation Needed: _____

Reason for interpreter/translation services including, but not limited to, one of the following:
(Check One)

Exceptional Children/IEP Meeting
(Note: The EC Program provides their
own interpreters/translators)

Parent/Teacher Conference

Discipline

Other meetings where services may be needed

Please attach document(s) for translation to this **Request Form** and

Fax or E-mail request to English as a Second Language (ESL) Department at:

Facsimile: 910-483-6865

OR

E-mail: nydziasmith@ccs.k12.nc.us

Contact ESL Department at : 910-484-1176 (Telephone)

Confirmation of Services:

Date/Name/Title of Interpreter Provided: _____
(To be filled out by the ESL Department)

Confirmed By: _____
(To be filled out by the ESL Department)

Upon Completion Print in Duplicate: Original – Send to ESL Department / Copy – File in Student's Cumulative folder

**This form is NOT intended to replace routine requests made by School Staff/Parents/Students
School Staff/Parents/Students can still contact the ESL Department by telephone**