

Electronic submission of this form is required for all requests for interpretation services. **Requests for interpretation services must be submitted at least two weeks prior to the date requested.** School personnel may not contact interpreters directly; all requests must come through the ESOL Department. Once your request is fulfilled, you will receive a confirmation email. It is imperative that the ESOL Department be notified via email esolrequests@browardschools.com or by phone (754-321-2580) of any change or cancellation **prior to** the time of appointment.

1. Use a separate form for each meeting and language.
2. Attach an electronic copy of this form and send to esolrequests@browardschools.com.
3. This form may be used to request the services of an interpreter, the loan of equipment for translated meetings (District only), or both, as needed for a particular event.
 - **Parts 1 & 2 are required for all requests.**
 - Part 3 is required when requesting the loan of equipment for a District event.
 - Part 4 will be completed by the Bilingual/ESOL Department.
 - Part 5 will be completed by requestor/interpreter after services are provided.

Part 1: REQUESTOR INFORMATION – To be completed by person requesting interpretation services

Requestor's Name _____
 Title _____ Telephone # _____
 School/Department _____ Location # _____
 Requestor's Signature _____ Date of Request _____

Part 2: DESCRIPTION OF REQUESTED SERVICES – To be filled out when requesting interpreter services

Language _____ Location of Meeting _____ Date _____ Alternate Date _____ Time _____ Alternate Time _____ Expected Duration of Meeting _____ Interpreters who are not employed by SBBC are contracted independently for a minimum of three (3) hours per appointment. If the appointment exceeds the first three (3) hours, interpreters will be compensated per hour.	(Please Check) Services Requested: Parent/Teacher Conference <input type="checkbox"/> ESE Staffing /Meeting <input type="checkbox"/> Evaluation <input type="checkbox"/> District Event* (Must Complete Part 3) <input type="checkbox"/> Other _____ (Specify)
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Student Name _____ (Last, First) FSI# _____ Grade _____ Sex M F
 Parent/Guardian Name _____ (Last, First) Contact Telephone # _____
 Home Address _____ ELL Y N Classification _____
 Relationship to student (if Guardian) _____ E-mail Address _____

Part 3: EQUIPMENT* – To be filled out when requesting equipment for a District event

The use of translation equipment is required. **The requestor is responsible for pick-up and return of all equipment.** All equipment must be picked up within two (2) days prior to the event and must be returned the day after the event. The requesting school or office is responsible for replacing lost or damaged equipment, including rechargeable batteries.

Name of Event _____ Date _____ Estimated attendees _____
 Who will be trained to use and take responsibility for the equipment? _____
Last Name First Name Telephone

Part 4: INTERPRETER ASSIGNMENT – To be completed by the Bilingual/ESOL Department

Interpreter Assigned _____ No Interpreter Available
 Date of Scheduled Service _____ Time of Scheduled Service _____

Part 5: ACKNOWLEDGEMENT OF SERVICES – To be completed after services are provided

Interpreter Signature _____ Date _____