

INTERPRETATION REQUEST FORM (ORAL)



- Provide remote interpreters to facilitate communication between parents and APS staff.
- Requests processed on a first-come, first-served basis.
- One-week notice recommended.
- Incomplete requests will cause delays.
- Please no handwritten requests.

Send form to:

translate@aps.edu

Notify our office immediately of any changes and/or cancellations.

TODAY'S DATE:

School or Dept. NAME:

Requestor:

Phone:

Email address:

Meeting link (with phone number and PIN):

Room (if at site):

Contact person/Host of virtual meeting:

Phone:

Month	Day	Start time	End time	Student name

Type of meeting:

- IEP
 Student Hearing
 Audiologist/Nurse
 PTO/PTA
 SAT
 MET
 PTC/SLC
 Health and Wellness
 Community
 Board of Ed
 MET/IEP
 Screening/Eval./Test
 Other (specify):

Language:

- Spanish
 Chinese
 Vietnamese
 Swahili
 Farsi
 Arabic
 Dari

Other (specify):

**Number of headsets needed
(if applicable):**

Parent/Guardian Contact Information:

Additional instructions/Notes: