

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
ESOL DEPARTMENT**

REQUEST FOR ORAL INTERPRETER

Please type or print

Requestor's Name _____	
School/Department _____	Title _____
Telephone # _____	Location _____
Cell # _____	Work # _____

Student Name _____		Grade _____
Sex	M _____	F _____
Parent/Guardian's Name _____		Contact Number _____
(First and Last)		
If guardian, relationship to student _____		
Address _____		
Street	City	Zip Code

Language Requested: _____

Services Requested: _____ **Please check:** _____

Telephone Interpretation _____

Parent/Teacher Conference _____

Staffing (Type) _____

Other (Detail) _____

Date _____ **Alternate Date** _____

Time _____ **Alternate Time** _____

Signature Requestor _____ Date Requested _____

COMPLETE FORM MUST BE RECEIVED BY THE ESOL DEPARTMENT OFFICE *TWO WEEKS* PRIOR TO THE SERVICE DATE VIA EMAIL TO esolrequests@browardschools.com

If you have any questions, please call 754- 321-2972. School personnel may not contact interpreters directly. All requests must come through this office.

Interpreters who are not employed by BCPS are contracted independently for a minimum of 3 hours per visit. If the session exceeds the first three hours, interpreters will be compensated per hour.

It is imperative that the ESOL Department be notified of any changes or cancellation *prior* to the time of the appointment.

Services Completed (*For use of interpreter only*)

Date _____

Person Providing Service _____

Comments _____