

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
ESOL DEPARTMENT

REQUEST FOR ORAL INTERPRETER  
(Please type or print the required information)

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 \_\_\_\_\_

COMPLETED FORM MUST BE RECEIVED BY THE ESOL DEPARTMENT OFFICE ***TWO WEEKS*** PRIOR TO THE SERVICE DATE VIA EMAIL TO [esolrequests@browardschools.com](mailto:esolrequests@browardschools.com) OR FAX: 754-321-2973. 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 \_\_\_\_\_