

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](mailto:esolrequests@browardschools.com) or by phone (754-321-2982) of any change or cancellation prior to the time of appointment.**

1. Use a separate form for each meeting and language.
2. Send an electronic copy of this form to: [esolrequests@browardschools.com](mailto: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 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) <b>Services Requested:</b> Parent/Teacher Conference ESE Staffing/Meeting Evaluation District Event* (Must complete Part 3) Other _____ (Specify)
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Student Name \_\_\_\_\_ (Last, First) FSI# \_\_\_\_\_ Grade \_\_\_\_ Sex M F  
 Parent/Guardian Name \_\_\_\_\_ (Last, First) Contact Telephone # \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 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 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 \_\_\_\_\_