

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA BILINGUAL ESOL DEPARTMENT	REQUEST FOR ORAL INTERPRETER
<p>Electronic submission of this form is required for all requests for interpretation services. Requests for interpretation services must be submitted at least <i>two weeks</i> prior to the date requested. School personnel may not contact interpreters directly; all requests must come through the Bilingual ESOL Department. Once your request is fulfilled, you will receive a confirmation email. It is imperative that the Bilingual ESOL Department be notified via email esolrequests@browardschools.com or by phone (754-321-2590) of any change or cancellation prior to the time of appointment.</p> <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> • Parts 1 & 2 are required for <u>all</u> 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 _____ School/Department _____ Requestor's Signature _____	E-mail: _____ Telephone # _____ Location # _____ Date of Request _____
Part 2: DESCRIPTION OF REQUESTED SERVICES – To be filled out when requesting interpreter services	
Language _____ Address of Meeting _____ Date _____ Alternate Date _____ Time _____ Alternate Time _____ Expected Duration of Meeting _____ <p style="font-size: small;">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.</p>	Services Requested: <i>(please check)</i> Parent/Teacher Conference <input type="checkbox"/> ESE Staffing Meeting <input type="checkbox"/> Evaluation, Specify _____ <input type="checkbox"/> Home Visit <input type="checkbox"/> District Event* <input type="checkbox"/> *Must complete Part 3
Student Name _____ <div style="text-align: right; font-size: small;">(Last, First)</div> Parent/Guardian Name _____ <div style="text-align: right; font-size: small;">(Last, First)</div> Home Address _____ Relationship to student (if Guardian) _____	FSI# _____ Grade ____ Sex M <input type="checkbox"/> F <input type="checkbox"/> Contact Telephone # _____ ELL Y <input type="checkbox"/> N <input type="checkbox"/> Classification _____ E-mail Address _____
Part 3: EQUIPMENT* – To be filled out when requesting equipment for a District event	
<p>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.</p>	
Name of Event _____ Date _____ Estimated attendees _____ Who will be trained to use and take responsibility for the equipment? _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last, First) Telephone </div>	
Part 4: INTERPRETER ASSIGNMENT – To be completed by the ESOL Department	
Interpreter Assigned _____ No Interpreter Available <input type="checkbox"/> Date of Scheduled Service _____ Time of Scheduled Service _____	
Part 5: ACKNOWLEDGEMENT OF SERVICES – To be completed after services are provided	
Interpreter Signature _____ Date _____	