

BEVERLY PUBLIC SCHOOLS

**Translation and Interpretation Request Form
(Sign Language or Bilingual)**

Note: Advance notice of 10 business days is required for all requests.

Type of interpreter requested (√) Sign Language _____ Bilingual _____

If bilingual what language: _____

Teacher: _____ School: _____

Student First Name: _____ Student Last Name: _____ Male ___ Female ___

Parent First Name: _____ Parent Last Name: _____

Parent Home Phone: _____ Parent Cell Phone: _____

If the parent is deaf please provide email address if possible: _____

Staff member that interpreter should contact at school upon arrival: _____

Type of meeting (√): Parent/Teacher _____ 504 _____ Open House _____

Team Meeting _____ IEP _____ Curriculum Night _____

Kindergarten Orientation _____ College Night (BHS) _____

Financial Aid Night (BHS) _____ Information Night (Field Trips, Music, etc.) _____

Other _____

Date of meeting: _____

Time of meeting: _____

Duration of meeting: _____

If this request is for a Team or IEP meeting you may fax the form to Special Services at 978-927-9463 or send through interoffice mail.

If this request is for meetings other than above you may fax the form to the Assistant Superintendents Office at 978-922-6597 or send through interoffice mail.

Confirmation will be confirmed with contact person as soon as our office has confirmation of the attainability of an interpreter.