



Office of Interpreting Services
SIGN LANGUAGE INTERPRETER
REQUEST FORM

Today's Date: _____

Your Name: _____

Your Title: _____

Your Phone #: _____ ext _____

Your Email: _____

For Office Use Only	
Date of Job: _____	
JOB NO: _____	
Assigned Interpreters:	1 _____
	Confirmed <input type="checkbox"/> Date _____ Initial _____
	2 _____
	Confirmed <input type="checkbox"/> Date _____ Initial _____

When submitting a request, please fill out the form completely.

PLEASE NOTE OUR PHONES/FAX NUMBERS HAVE CHANGED.

You can fax (718) 706-4546 (F) or email (bprevor@schools.nyc.gov or dswamback@schools.nyc.gov) your request.

We suggest you call OIS (212)-802-1500 ext 7181 or 7201 prior to scheduling to check interpreter availability.

CONFIRMATION: You will receive an email confirmation with names of interpreters prior to the appointment.

CANCELLATIONS: If your assignment is cancelled or the location or time changes, please call the office immediately. _____

REQUEST INFORMATION (please fill out all the information requested):

1. Day & Date Interpreter is needed _____ 2. Time of Assignment _____ to _____
Start time Finish time

3. Names of Deaf Parent/Attendees and their role _____

4. Parent contact info: _____
Email Video Phone Number Text

5. Names & age of Child: _____

6. Name of Site (School or office) _____

7. Site Address _____
Address
Borough Zip Code Room Number (where interpreter should report to)

8. Site Contact Person _____

9. Site Phone Number _____ 10. Site Email Address _____

11. Travel Instructions _____

12. Describe the interpreted assignment (i.e., CSE Review, parent-teacher meeting, staff development, etc.) _____

FOR OFFICE USE ONLY:			
Faxed to NL:	_____	_____	Job Cancelled: _____
	Date	Initials	Date Name of cancellee <input type="checkbox"/> Terps contacted