



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.**
You can fax (212) 689-3988 (F) or email (bprevor@schools.nyc.gov) your request. We suggest you call OIS (212-689-4020 V) to confirm receipt of your request. We STRONGLY encourage you to call our office before scheduling your assignment to find out which date and times staff interpreters are available.

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/VP/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:	_____	_____	_____
	Date	Initials	Job Cancelled: _____
			Date Name of cancellee <input type="checkbox"/> Terps contacted