

DISTRICT 75
 Gary Hecht, SUPERINTENDENT

Office of Interpreting Services
SIGN LANGUAGE INTERPRETER
REQUEST FORM

Today's Date: _____
 Your Name/Title: _____
 Your Phone #: _____ ext _____
 Your Email: _____

For Office Use Only

Date of Job: _____

JOB NO: _____

Assigned Interpreters: 1 _____
 Fax Phone Cell/Land Email Scan Date _____ Initial _____

2 _____
 Fax Phone Cell/Land Email Scan Date _____ Initial _____

Confirmed with CP Date: _____

When submitting a request, **please fill out the form completely**. You can fax your request to (212/689-3988 Fax). We suggest you call OIS (212-689-4020 V/TTY) 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. PLEASE MAKE COPIES OF THIS FORM FOR FUTURE REQUESTS.

CONFIRMATION: You will receive an email confirmation with name of interpreter 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. Name of Deaf Parent/Attendees and their role _____
4. Name of Child (state age): _____
5. Name of Site of request (School or office) _____
6. Site Address _____
Address

Borough Zip Code Room Number (where interpreter should report to)
7. Site Contact Person _____
8. Site Phone Number _____ 9. Site Email Address _____
10. Travel Instructions _____

11. 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 _____ Terps contacted