**English Language Learner Support**

 **Bilingual/ELD Education Program**

 **Dr. Su McKeithen-Polish**

 *Bilingual Education/Title III Consultant*

 *smpolish@misd.net*

**Request for MISD Bilingual Interpreter and Translation Services**

To request services of the MISD Bilingual Department Personnel for Interpretation or Translation Services for students serviced by the MISD Bilingual Program, please complete the following form. **Send the request to** bilingual@misd.net or smpolish@misd.net

|  |  |
| --- | --- |
| **Date Requested:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **By:** |  | **Title:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **District:** |  | **Building:** |  |
| **Phone** |  | **Building Address:** |  |

Type of Services requested: **Interpreter Translation of Documents** (please circle)

**IEPC meeting Parent/Teacher Conference Special Ed Interpretation Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | **Grade:**  |  |

|  |  |
| --- | --- |
| **Home Language:** |  |

|  |  |
| --- | --- |
| **Bilingual Interpreter requested:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Service:** |  | **Time:** |  |

 **From To**

**Participants (please sign your name):**

**Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher – (subject)\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher – (subject)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher – (subject)\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MISD Bilingual Interpreter\_\_\_\_\_**

**\*\*NOTE: $30 per hour** for districts not in consortium with MISD Bilingual Education Program.