MCPS
CLEAR FORM

Office of the Associate Superintendent for Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

REQUEST FOR INTERPRETATION SERVICES

Electronic submission of this form is required for MCPS staff requests for interpretation services at meetings or parent conferences. Large-scale event requests must be submitted by the department director. **Requests for interpretation services must be submitted at least 10 working days prior to the date of the meeting.**

Part 1: REQUESTER INFORMATION—To be completed by person requesting interpretation services

1. Use a separate form for each meeting and each language.
2. Attach an electronic copy of this form to an e-mail addressed to Interpretations@mcpsmd.org
3. This form may be used to request the services of an interpreter, the loan of equipment for interpreted meetings, or both, as needed for a particular meeting or event.

   Part 2 is required when requesting the services of an interpreter.

   Part 3 is required when requesting the loan of equipment for an interpreted event.

PLEASE NOTE: ESOL Interpretation Services staff cannot provide interpreters to address personnel issues. Any questions should be directed to the coordinator, Division of ESOL/Bilingual Programs, at 301-230-0670.

Requester _____ Telephone ___-___-____

Requesting Office/School _____

Emergency Evening/Weekend Contact No. ___-___-____ Date of Request ___/___/___

Location of Meeting _____ Language: _____

Part 2: To be filled out when requesting interpreter services

Purpose of Meeting _____ Expected Duration of Meeting _____

Preferred Dates of Meeting (*Please indicate more than one possible date.)*

___/___/___ ___:___ (Date / Time) ___/___/___ ___:___ (Date / Time) ___/___/___ ___:___ (Date / Time) ___/___/___ ___:___ (Date / Time)

Student's Name _____ _____ (Given Name / Family Name) Home phone ___-___-____

Student's School _____ School phone ___-___-____

Parent's/Guardian's Name _____ _____ (Given Name / Family Name) Cell/work phone ___-___-____

Parent's/Guardian's Name _____ _____ (Given Name / Family Name) Cell/work phone ___-___-____

Part 3: To be filled out when requesting equipment for interpreted events

Number of receiver/headsets required (for this language only) _____

Will more than one transmitter be needed? ☐ Yes ☐ No If Yes, how many? (for this language only) _____

Who will be trained to use and take responsibility for the equipment? _____ Telephone ___-___-____:

Pick-Up Date and Time ___/___/___ ___:___

Equipment is usually picked up the day of the meeting, sometimes the day before the meeting. Equipment MUST be returned by 10:00 a.m., the first work day after the meeting. The requesting school or office is responsible for replacing lost or damaged equipment, including rechargeable batteries.

Part 4: Interpreter Assignment – To be completed by ESOL Parent Services. A confirmation will be sent for equipment loans.

Interpreter Assigned _____ No interpreter available ☐

All contacts with interpreters MUST go through the ESOL Parent Center at 301-230-0674. Contact information is given ONLY in the event of a meeting cancellation. When meetings are canceled and interpreters are not informed by the requestor in a timely fashion, the requestor will be billed for two hours.

Telephone ___-___-____ E-mail _____

Conferences ___/___/___ _____ (Date / Hours) ___/___/___ _____ (Date / Hours) ___/___/___ _____ (Date / Hours) ___/___/___ _____ (Date / Hours) Total Hours _____

_____ *Signature, Interpreter*

_____ *Signature, Requestor*