


# Clayton County Public Schools

## Interpreter Request Form

### After School Hours (Extra Activity)

Interpreting services during regularly scheduled school hours may be obtained by contacting the assigned bilingual liaison.  
Contact information is available on the CCPS website - International Center page.

<b>School:</b>		<b>Contact Person:</b>	
<b>Email Location:</b>		<b>Phone:</b>	
<b>Day of Activity:</b>		<b>Date of Activity:</b>	
<b>Time(s) Services are Needed</b> (include set-up time, if any)	<b>Start Time:</b>		<b>End Time:</b>
<b>Activity</b> (Ex. School event, conferences, etc.)			
<b>Talk and Listen Kits Needed</b> (check one)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Number of Participants</b> (requiring services, check one)	<input type="checkbox"/> 0-5	<input type="checkbox"/> 5-40	<input type="checkbox"/> 40-75 other: _____
<b>Spanish</b>	<b>How Many Interpreters?</b>		<b>Vietnamese</b>
			<b>How Many Interpreters?</b>
<b>Other Language(s):</b>			

Please request services at least seven (7) days in advance by completing and submitting this form via fax to the attention of Dr. Chantal Normil at 404-608-2557. All requests require the signature of a school administrator, program coordinator, or director.

\_\_\_\_\_  
Principal/Assistant Principal/Administrator Signature: Date: \_\_\_\_\_

#### Administrator Verification on Day of Service – Required for Payroll Purposes

<b>Arrival Time:</b>		<b>Departure Time:</b>		<b>Administrator's Signature</b>
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**Administrator or contact person requesting services completes the survey below (circle):**

1. The interpreter arrived on time and remained until all services were provided.	5	4	3	2	1
2. The interpreter's appearance and conduct was professional.	5	4	3	2	1
2. The interpreter appeared to be interpreting accurately at all times.	5	4	3	2	1
3. I would recommend the services of this interpreter to another party.	5	4	3	2	1
4. Overall, I was satisfied with the services provided.	5	4	3	2	1

**Additional comments:** \_\_\_\_\_  
**Scale:** 5= Strongly Agree    4= Agree    3=Undecided    2=Disagree    1=Strongly Disagree

---Central Office Use Only---

**Interpreter Assigned:** \_\_\_\_\_

<b>Total Hours:</b>	<b>Rate:</b>	<b>Total Payment:</b>
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**Signature & Date:** \_\_\_\_\_

**Payment Request Sent to Department:**  General Ed     Title I     ESOL     Student Services     DES