# **Title I Spanish Interpreting Services Request Form – Phone Calls**

**For Phone calls we have the following options:**

* If teachers and/or administrators are needing to call a parent/family where two-way communication is needed; please fill out the request to use Language Line (calls via this method should be less than 10 minutes total)

OR

* If there is just information that you need someone who speaks Spanish to communicate to a parent/family you can complete the information below and email this form to Mrs. Angelica Lozano [lozanoa@pitt.k12.nc.us](mailto:lozanoa@pitt.k12.nc.us) and copy Shanell Whitaker [washins@pitt.k12.nc.us](mailto:washins@pitt.k12.nc.us)

|  |  |
| --- | --- |
| **FOR COMMUNICATING A MESSGE TO PARENTS/FAMILIES (TO BE COMPLETED BY THE SCHOOL** | |
| Name of Title I School: | |
| Name of Parent: | |
| Phone Number of Parent: | |
| Name of Student: | |
| Message to be communicated to Parent: | |
| Date Request is Made: | Date Call need to be Made: |
| Name of Person Making this Request: | |
| Email & Phone Number of Person Making this Request: | |

|  |
| --- |
| **FOR INTERPRETER USE ONLY**  *Written call log on the back of form*  Interpreter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_\_  Call begin Time: \_\_\_\_\_\_\_\_\_\_\_\_ Call End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Call time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Meeting Begin Time: \_\_\_\_\_\_\_\_\_\_ Meeting End Time: \_\_\_\_\_\_\_\_\_\_ Total Meeting Time: \_\_\_\_\_\_\_\_\_\_  Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |