# **Title I Spanish Interpreting Services Request Form – In Person**

**For In Person Meetings:**

* Please send this form via email to request a face-to-face conference
* You will be notified by email to confirm the dates and times that are available.

Send form via Email to Angelica Lozano: lozanoa@pitt.k12.nc.us and copy Shanell Whitaker: washins@pitt.k12.nc.us on the email as well.

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| **FOR MEETING/EVENT INFORMATION (TO BE COMPLETED BY SCHOOL)** |
| Request made from which Title I School:  |
| Date request is made:  | Time request is made:  |
| Approximate Length of Time Interpreter is Needed: 5min/ 10min/ 20min/ 30 + min, 1hr (highlight) |
| Who is making the request for the Spanish Interpreter:  |
| How can the interpreter reach you for questions/concerns… choose; Phone, Email or Both (highlight) |
| List your Phone Number / Email Address:  |
| Location: In Person (Rm #) |
| What is the reason for Spanish interpreter assistance?  |
| **STUDENT & PARENT INFORMATION (TO BE COMPLETED BY SCHOOL)** |
| Student’s Full Name:  | Grade:  |
| Check all that apply: \_\_\_\_\_\_\_ LEP \_\_\_\_\_\_\_504 \_\_\_\_\_MEP |
| Parent Contact Information: **Full Name(s):** |
| **Contact numbers:** |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |