



**EDUCATIONAL INTERPRETATION/TRANSLATION  
REQUEST FORM**

Date Requested: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Requested by: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number Ext. \_\_\_\_\_

Date of interpretation/translation needed: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Language (s):**

Spanish  Portuguese  Cape Verdean/Portuguese Crioulo  Other: \_\_\_\_\_

**Type of service, please select one:**  Interpretation (Oral)  Translation (Written)

Services needed for:  **Parent-Teacher Conference**  **School Event**  **Meeting**  **Other**

**Special Education (Please circle one: Localization, Initial, Review, 3-Year Re-Evaluation, other)**

Details: \_\_\_\_\_

\_\_\_\_\_

Approved by **Principal/Headmaster** signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send **SPED** requests to:  
 PRAB- Room 216  
 Tel: 508-997-4511 Ext.14453  
[spedtranslations@newbedfordschools.org](mailto:spedtranslations@newbedfordschools.org)

Please send **all other** requests to:  
 PRAB- Room 216  
 Tel: 508-997-4511 Ext.14682  
[translations@newbedfordschools.org](mailto:translations@newbedfordschools.org)

**Internal use only**  
Approved by:

\_\_\_\_\_  
Executive Director of Educational  
Access and Pathways

\_\_\_\_\_  
Executive Director for Special  
Education and Student Services