

TRANSLATION SERVICES REQUEST FORM

HAYWARD UNIFIED SCHOOL DISTRICT
Student Information and Assessment Center
510-293-8554 FAX 510-732-6754

Send To: SIAC (Student Information and Assessment Center)
Attn: Translation Services
Original: SIAC Copy: Requestor

Language(s): Spanish Dari/Farsi Pashto Punjabi Hindi/Fijian Tagalog
 Other _____

1. Telephone Contact: Person/ Relationship _____ Telephone _____

Relay Message Obtain Information Schedule Appt. for #2 Other _____

Student's Name _____ Grade _____ Room _____ Teacher _____
(Message must be clearly written and concisely worded.)

2. Translator Presence: Date _____ Time: From _____ to _____ Location/Room _____

Parent Conference Primary Lang. Assessment Student Study Team IEP

Other _____

3. Written Translation: Date Required _____

Turn around is 2 weeks, depending on length of document. Attach one copy per required languages

4. Other: (Be Specific) _____

Requester Name _____ School _____

Position _____ Best time to reach by phone? _____

Approval Principal's Signature _____ Date _____

Requests for Special Ed., Psychologist or Speech Services: approval by appropriate Administrator is required:

Administrator's Signature _____ Budget # _____

For office use only: Date Received SIAC _____ Returned to Site _____ Mailed Picked up

Approved for Translation _____ Date _____

Translator _____ Received _____

Revised 12/7/05