



32240 NE 50th Street • Carnation, WA 98014 • 425.844.4500 • 425.844.4502 FAX

www.riverview.wednet.edu

**REQUEST FOR INTERPRETER
FOR SPECIAL EDUCATION PURPOSES ONLY**

SEND THIS TO THE SPECIAL EDUCATION OFFICE TWO WEEKS PRIOR TO DATE NEEDED.

Date of Request _____
(month/day/year)

Staff Making the Request _____ School _____

Student's Name: _____ Date of Birth _____ Grade Level _____

Parent's Name _____ Phone Number: _____

Parent's Name: _____ Phone Number: _____

Type of Interpreter Required:
American Sign Language
Exact Sign Language
Language - Spanish, French, Chinese (Mandarin, Cantonese)
Other _____

Date and Times Interpreter is Required (please supply two dates and times)

1. _____ / _____ 2. _____ / _____
(month/day/year) / Time (month/day/year) / Time

Please have interpreter call the family to set up the meeting Yes NO

Reason - ex. IEP, evaluation results, etc. _____

Approximate Length of Meeting _____

Location of Meeting _____

TO BE COMPLETED BY SPECIAL SERVICES OFFICE

Name of Interpreter _____ Date Contacted: _____

Date of Meeting _____ (month/day/year) Time: _____