



Somerville Public Schools

Education · Inspiration · Excellence

Special Education Department

8 Bonair Street Somerville, MA 02145

617-625-6600

Interpretation Request Form

Please be sure there is a completed Home Language Tracking Form to support this request.



REQUESTS MUST BE SUBMITTED VIA EMAIL WITH AT LEAST 5 WORKING DAYS NOTICE



Date Submitted to the Special Education Office: _____

Language Needed for Interpretation: _____

Meeting Date: _____

Time: _____

Meeting Location: _____

Location Address: _____

Student: _____ DOB: _____

Parent/Guardian Name: _____

Parent Contact #: _____ Alternate Phone #: _____

Dept. Head/Facilitator: _____ Case Manager: _____

Indicate the reason for this request. Please Check.

IIEP Team Meeting Evaluation

The interpreter should call the parent prior to the meeting to confirm attendance. Yes No

OFFICE USE ONLY

Date request received: _____

Name of Interpreter Assigned: _____

Date the Interpreter is Notified: _____

Date returned by translator & Submitted to : _____

**Please fill out completely and return to Joanna Melendez. jmelendez@k12.somerville.ma.us fax# 617.591.7901
Joanna can be reached at extension 6832 if you have any questions.**

Updated 8/2019