



POLK SCHOOL DISTRICT

Translator Request

Directions: Please complete this form and have your administrator sign it. Fax it to the translator assigned to your school five (5) days prior to the date of the needed service.

*Multiple request may be placed on the same form if ALL dates/times are known.

Today's Date: _____ School: _____

Person Requesting Support: _____

Type of Meeting	Date / Time / Location	Student Name / Grade Level

Meeting Types:

- SST – Student Support Team
- RTI – Response to Intervention
- SPED – Special Education
- PC – Parent Conference

- GED – Gifted Education
- LAC – Language Assessment Conference/ESOL
- TRIB – Tribunal
- O – Other: _____

Administrator's Signature

Date