



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
EXCEPTIONAL STUDENT EDUCATION (ESE)

ESE/ADA Interpreter Service Request

OFFICE USE ONLY

ADA (Americans with Disability Act)

ESE

Interpreter Assigned _____

All requests made for services with less than 48 hours notice must be accompanied by an email to the Lead Interpreter (blayloa@palmbeach.k12.fl.us) with complete assignment details. Interpreting services must be designated on the student's annual IEP (individual Education Plan) for all student requests. Non-consecutive dates and/or dates occurring within different months must be submitted on separate forms. Lead Interpreter contact numbers are (561) 745-3420, cell (561) 472-4051, Fax (561) 745-3423 or PX 43423.

CATEGORIES (check one only)

Complete Section A for all categories. Complete sections A & B only for Initial Service Request for Student category. Fax request to Lead Interpreter at (561) 745-3423 or PX 43423)

- Initial Service Request for Student** - Complete entire form including section B. Fax completed form to Area ESE Team Leader. Area ESE Team Leader will fax form to Program Planner, Deaf/Hard of Hearing, ESE (561) 434-8047, PX 48047.
- Adult Education Student** - Complete section A and fax to Lead Interpreter at 745-3423 or PX 43423
- Student** (Extra curricular and other interpreting needs that arise throughout the year after initial request)
- Interpreter Substitute** (For same day service, call Lead Interpreter immediately at 745-3420 or 472-4051)
- Employee** **Parent** **Other** _____

SECTION A - Complete for all categories

SERVICES REQUESTED FOR

Name _____ Student # (if applicable) _____

Language Preference _____ Date(s) of service _____

Length of Session: From ____ : ____ AM PM To ____ : ____ AM PM Total hours / minutes _____

Location of services _____

Purpose of request/comments

SERVICES REQUESTED BY

School / Department _____ Sch / Dept. # _____

Sch./Dept. Contact _____ Telephone _____ PX _____

Name of Requester _____ Telephone _____ PX _____

Title of requester _____

Signature of Interpreter Liaison (if applicable) *Date*

Signature of Principal or Designee *Date*

SECTION B - Complete only for "Initial Service Request for Student" category

Fax completed form to the Area ESE Team Leader and a copy to Lead Interpreter at 745-3423 or 43423. The Area ESE Team Leader will fax this form to Program Planner, Deaf/Hard of Hearing, ESE (561) 434-8047, PX 48047.

Initial Services Request Date (enter on IEP) _____

Date Forwarded to Lead Interpreter	Date Received by Lead Interpreter	Date Services Initiated

Signature of Program Planner / DHH *Date*

Signature of Area ESE Team Leader *Date*