

**ALL PRINCIPALS: Procedures for Requesting American Sign Language (ASL) Interpreters for Classroom Instruction, Extracurricular Activities, Meetings and Special Events**

*Category:*

**Audience:** All Principals/APs

**Due Date:** n/a

**Meeting Date:** n/a

**Attachment(s):** [Interpreter Request Form\(Template\).doc](#)

To Inform Administrators of Revised Procedures for Requesting American Sign Language (ASL) Interpreters Needed for Students (Instructional Support), Deaf or Hard-of-Hearing Personnel or Deaf Consumers.

Please be advised that effective immediately, the following procedures must be adhered to when requesting American Sign Language (ASL) interpreting services through the Division of Special Education.

All requests must be sent to Ms. Tawanna Francis at [tfrancis@dadeschools.net](mailto:tfrancis@dadeschools.net) using the attached Interpreter Request Form. The Interpreter Request Form must be completed in its entirety. Any missing information will delay the request. All requests must be submitted two weeks prior to date of services needed. This will allow adequate time for vendor agencies to assign an interpreter (s). The district cannot guarantee the availability of interpreters for all requests. A confirmation or status update will be submitted to the requestor as soon as the vendor agencies respond to the request.

The following information is required by the vendor agencies providing contracted interpreters in order to accurately process all requests:

- **Date of the Assignment:** Plan ahead for the interpreter to be a part of the instructional program or event.
- **Title of Event/Name of School Site and Address:** Provide the title/name of the event or school site, address, room number and telephone number. This information will enable the interpreter to travel to the designated location in a timely manner.
- **Start Time and End Time:** Include any required set-up/preparation time needed prior to the start of the event. If the event runs over the scheduled end time the interpreter will try to accommodate the change.
- **Language of Interpretation:** In the event the vendor agency is able to assign an interpreter in a language other than American Sign Language (ASL), specify the language of the participant in the initial request. The ability of the vendor agency to assign a bilingual interpreter cannot be guaranteed.
- **Name of Requestor:** Identify the person who is requesting an interpreter for the event/school site.
- **Name of Contact Person at Event/School Site:** If the interpreter is to report to a staff person different from the requestor, please identify the person by name in the initial request. This will enable event/school site personnel to be aware that a request for an interpreter has been made and allow entry to the event/school site.

**Contact:** Dr. Deborah Finley ( 305-995-1864 )

**Department:** Division of Special Education

# Miami-Dade County Public Schools Interpreter/Transliterater Services Request

**Ms. Tawanna Francis**  
**Phone: 305-995-1894**  
**Fax: 305-995-1790**  
**E-mail: [tfrancis@dadeschools.net](mailto:tfrancis@dadeschools.net)**

Assignment Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Address & Location: \_\_\_\_\_  
Subject or Event: \_\_\_\_\_  
Language or transliteration method: \_\_\_\_\_

## CONFIDENTIAL

Student Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Staff Name: \_\_\_\_\_

Requestor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person (on site) if different than above:

Requestor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Return completed form to Ms. Tawanna Francis at [tfrancis@dadeschools.net](mailto:tfrancis@dadeschools.net).  
A **2 WEEKS** notice prior to date of services is required for the interpreter's request.  
Confirmations will be submitted to the requestor/contact person as soon as the interpreters respond to the request.

(Please do not write below this line)

Request #: \_\_\_\_\_ Request Date: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_  
Agencies Contacted: **ACD/ CODALINK/ DSB/ICSD/ NATIONWIDE/ FLORIDA  
REALTIME**  
Agency providing services: \_\_\_\_\_  
Name of 1<sup>st</sup> assigned interpreter: \_\_\_\_\_  
Name of 2<sup>nd</sup> assigned interpreter: \_\_\_\_\_  
Comment: \_\_\_\_\_

Timely Request:	Untimely Request: