

# **ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT**

# MISSION:

To increase engagement of all stakeholders per the LCAP Goals and Priorities with a keen focus on student well-being and academic achievement.

# STATE AND FEDERAL PROGRAMS

# LANGUAGE SERVICES REQUEST FORM

**District English-Spanish Interpreters/Translators:** 

# **VISION:**

To close the language gap and provide fair and equal access to all members of our community in the best interest of our district children.

\*Please include both interpreters/translators in all communications.

Carmelina Bautista <u>carmelina.bautista@arusd.org</u> (408) 928-6594 Carlos Tripodi carlos.tripodi@arusd.org (408) 928-6595

For Interpretation Service (Verbal 1	ranslation) Date:
	irst come, first served basis. <b>One week notice</b> is recommended erences, and major community events. For all languages other the tside agencies.
Language Requested: ☐ Spanish ☐	/ietnamese
Date of Event:	School/Department:
Type of Event:	Room Number: Time:
<b>Length of Event:</b> □1 Hour □ 2 Hours	Number of Attendees:
Number of headphones needed:	(e.g. Parent Coffees, Back-to-School Nights, etc.)
Name of Child (For IEP meetings, assessme	nts, and parent-teacher conferences):
Contact:	District E-mail:
Phone: Principal/D	epartment Head:
➤ For Translation Service (Written)	Date:
*Translation requests are processed on a fir format such as:	et come, first served basis. Please submit documents in an op
□ Word □ PowerPoint □ Publisher □	Google Docs
Language Requested: ☐ Spanish ☐	/ietnamese
School/Department:	
Type of Document:	Number of Pages Due Date:
Contact:	District E-mail:
Phone: Principal/D	epartment Head:
	For Office Use Only
Service Completed By:	Date: