



DEAF AND HARD OF HEARING DEPARTMENT
INTERPRETER REQUEST FORM

Complete this form in full and submit to either the Interpreter Coordinator or a Lead Interpreter at least two working days in advance. If you require clarification, please call Melissa Gulvas @ 248 341-6883 or email mgulvas@bloomfield.org

Assignment Information

Day: _____ Date: _____
Start Time: _____ am/pm End Time: _____ am/pm
Ongoing Dates: _____

Request For:

Name: _____ Building: _____
Indicate Student/Parent/Staff: _____
Phone/VP: _____ Email: _____

Interpreter Needed For:

Type of Assignment (i.e. IEP, Staff Meeting, Sports, Field Trip, etc.): _____
Other (tactile, low vision, oral, etc.): _____

Location of Assignment:

Place: _____ On Site Contact Person: _____
Address: _____ On Site Contact Phone #: _____

Detailed Directions: _____
Any additional information/comments: _____

FOR OFFICE USE ONLY

Interpreter(s) Assigned: 1. _____ 2. _____

Interpreter Coordinator Signature: _____

Request Received: Date: _____ Time: _____

Standard Level: _____

Endorsement(s) Needed (educational-elem. or secondary; med/mental health; legal) _____