



# OPSB Procedure for Requesting Language Assistance Services (LAS)

The following procedure must be followed when requesting interpretation or translation services from the district office to provide language assistance for Limited English Proficient (LEP) parents. Schools are notified of district services through trainings and a list of services are provided on the OPSB website. Parents are notified through signs posted in schools, district office and on the OPSB website. All services are logged and maintained in an electronic file and in PowerSchool for all OPSB students and parents.

**Utilize the trained person at your school if one is available as a first line of providing language assistance.**

## Interpretation Requests:

1. The Federal Programs & External Grants Office will provide each school with the **OPSB Language Assistance Request Form** via email, Portfolio Newsletter, and OPSB website.
2. Schools will:
  - Fill out information on the requestor of the services, provide date, time, location, and language needed, and select whether the interpreter needs to contact the parent to inform him/her of the appointment information.
  - Obtain School Leader's signature.
  - Submit completed OPSB Language Assistance Request Form to the Federal Programs & External Grants Office **at least five (5) business days prior** to the date the interpretation is needed.
  - E-mail forms to [Hiromi\\_Silva@opsb.us](mailto:Hiromi_Silva@opsb.us) and to [Vietquynh\\_Pham@opsb.us](mailto:Vietquynh_Pham@opsb.us) in a **PASSWORD PROTECTED DOCUMENT if it contains child's PII**. If it needs to be password protected, send password in a **separate** e-mail.
3. The District Interpreter will provide a follow-up email to the school detailing the final arrangements agreed upon by the parent, school and district office.

## Translation Requests:

1. The Federal Programs & External Grants Office will provide each school with the **OPSB Language Assistance Request Form** via email, Portfolio Newsletter, and OPSB website.
2. Schools will:
  - Fill out information on the requestor of the services.
  - Attach the **original** word document version of the English document to the request form.
  - Obtain School Leader's signature.
  - Submit completed OPSB Language Assistance Request Form to the Federal Programs & External Grants Office at least two (2) weeks prior **for the first page and an additional five (5) school days per additional page** from the date the translation is needed.
    - **Please keep in mind that one page means about 250 words.** If your document contains more than 250 words, it will count as two or more pages.
  - E-mail forms to [Hiromi\\_Silva@opsb.us](mailto:Hiromi_Silva@opsb.us) and to [Vietquynh\\_Pham@opsb.us](mailto:Vietquynh_Pham@opsb.us) in a **PASSWORD PROTECTED DOCUMENT if it contains a child's PII**. If it needs to be password protected, send password in a **separate** e-mail.
3. The District Interpreter will contact you and give you an estimated timeline of when the translated document(s) will be available.
  - **Note:** (1) All documents are proofread before the final draft is returned to the requestor. (2) Additional time may be needed for documents requiring formatting; and documents which include high amounts of technical, legal, or medical vocabulary. (3) **The turn-around time of the finished translations depends of the volume of requests received by our office.**



FREE LANGUAGE ASSISTANCE AVAILABLE UPON REQUEST

# ORLEANS PARISH SCHOOL BOARD

## Language Assistance Request Form

To request FREE interpretation or translation services, please complete and return this form to the District Interpreter.

Ms. Hiromi Silva: [hiromi\\_silva@opsb.us](mailto:hiromi_silva@opsb.us) Office: 504-359-8167 Fax: 504-379-8167

Mr. Vietquynh Pham: [vpham@opsb.us](mailto:vpham@opsb.us) Office: 504-304-3559 Fax: 504-379-3559

### Parent/Guardian/Requester Contact Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (optional): \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

### PLEASE CHECK THE APPROPRIATE BOXES:

I need  interpretation (oral) or  translation (written) services relative to:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Athletics              | <input type="checkbox"/> Discipline     | <input type="checkbox"/> Enrollment                | <input type="checkbox"/> Gifted and Talented  |
| <input type="checkbox"/> Homeless Services      | <input type="checkbox"/> IEP Meeting    | <input type="checkbox"/> Title III/ELL             | <input type="checkbox"/> Parental Involvement |
| <input type="checkbox"/> Special Education      | <input type="checkbox"/> Transportation | <input type="checkbox"/> Parent-Teacher Conference |   |
| <input type="checkbox"/> Other (Specify): _____ |   |  |   |

### **INTERPRETATION:** Fill out only if you need **interpretation (oral)** services

- Date of Service: \_\_\_\_\_
- Time of Service: \_\_\_\_\_
- Interpreter needs to contact parent to inform of meeting:  Yes  No
- On the day of service, interpreter should check in with: \_\_\_\_\_
- Language Requested: \_\_\_\_\_
- Location of Service: \_\_\_\_\_

Interpretation requests must be submitted with a notice of **at least 5 school days**.

### **TRANSLATION:** Fill out only if you need **translation (written)** services

- I understand I *must* attach a word or PDF version of the document I need translated.
- I have e-mailed the original  word and/or  PDF version of the document.
- Language requested for translation: \_\_\_\_\_

### **APPROVED BY:**

Signature of School Leader/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

#### **YOUR INTERPRETATION AND TRANSLATION NEEDS ARE VERY IMPORTANT TO US.**

Some documents may be interpreted rather than translated. Non-district approved interpreters (including students and other children) **may not** be used for interpretation or translation services. For more information on Language Assistance Services, please, contact the District Language Interpreter Office or visit the Language Assistance webpage at <http://www.opsb.us>.

All services are free to parents and guardians.

### **District Office Use Only:**

Date Services Provided: \_\_\_\_\_ Parent Accepted Services  Parent Declined Services

Parent Signature: \_\_\_\_\_

Interpreter/Translator Signature: \_\_\_\_\_