



## Area Special Education Cooperative

1505 Central Ave NW, East Grand Forks, MN 56721  
218/773-0315 FAX: 218/773-0924

### Documentation of Translation & Interpretation

District: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Primary Language \_\_\_\_\_

Name of person contacting parents: \_\_\_\_\_

Position: \_\_\_\_\_

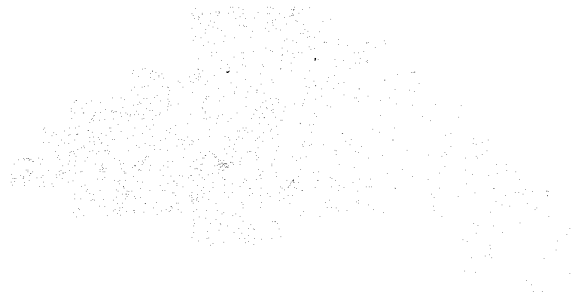
Date of contract: \_\_\_\_\_ Form of contact: \_\_\_\_\_  
(telephone call, letter, etc.)

Was an interpreter used for this contact?  Yes  No

The following services were offered to the parents:

- oral interpretation of team meetings and other materials
- translation of written materials
- other

Indicate parent response:



\_\_\_\_\_  
Signature of person making contact