

# BOISE SCHOOL DISTRICT REQUEST FOR EDUCATIONAL INTERPRETER (SIGN LANGUAGE) SERVICES

*Instructions:* Please fill out the entire form and send to Karen Nelson

Email: [karen.nelson@boiseschools.org](mailto:karen.nelson@boiseschools.org)  
Internal Boise School District Mail: Karen Nelson, D/HH Teacher, Jefferson Elementary  
Mail: Karen Nelson  
Jefferson Elementary  
200 S Latah St  
Boise, ID 83705  
Fax: 208-854-5261

**This form MUST be received AT LEAST 48 hours prior to the activity.**

If an interpreter is required with less than a 48 hour notice, it is considered an "Emergency Request" and must be *called* in to Karen Nelson at 208-854-5260. PLEASE NOTE: Boise School District cannot guarantee interpreting services without 48 hours notice.

\*Activity(ies)/Event(s): \_\_\_\_\_

Time(s) and Date(s): \_\_\_\_\_

Place: \_\_\_\_\_

*\*If available, please attaché printed schedule (i.e.: for sport team participation, please attach season schedule)*

BSD Staff Member Contact Name: \_\_\_\_\_

BSD Contact Site and Phone Number: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_ Student Name (optional) \_\_\_\_\_

If you would like to request a particular BSD interpreter,  
Please note his/her name here: \_\_\_\_\_

I understand that an interpreter will be present on the above date(s) unless notified of an absence or cancellation. Also, if the student rides a bus, the bus company or driver must be notified othe time(s) and date(s) when the student will **NOT** be riding the bus.

\_\_\_\_\_  
(Student, Parent, or Staff Member Signature) (Date)

## For office Use Only

Received: \_\_\_\_\_ By: \_\_\_\_\_

- Parent
- Student
- Contact
- Interpreter (s)


Interpreter Assigned: \_\_\_\_\_ Date: \_\_\_\_\_