



COBB COUNTY SCHOOL DISTRICT
International Welcome Center
 1560 Joyner Ave.
 Marietta, 30060

Tracking # _____
 Office hours Mon - Fri 8:00 - 4:00
 Tel: 678-331-3086
 Fax: 678-331-3964

LANGUAGE SERVICE REQUEST FORM

To avoid delays fill out the form completely Date(mm/dd/yy): _____

Language: _____ Requested by: _____
 School: _____ Your Telephone: _____
 Your Email: _____ @COBBK12.ORG

Student Name: _____ Parent/Guardian: _____
 ESOL Student (Active, Monitored, Exited program) ___ Yes ___ No Grade: _____
 Family's Country of Origin: _____
 Telephone Number: _____ Alternative Number: _____

**YOU WILL RECEIVE AN OFFICIAL CONFIRMATION E-MAIL
 THE THURSDAY PRIOR TO THE ASSIGNMENT**

Translation (Written) needed by _____ (Minimum of 14 business days)

Translations (Written) require 14 business days and are subject to the availability of translators. The high demand of some languages during peak times or the size of the document may require more than 14 business days. Please e-mail an electronic copy of the document to IWC@cobbk12.org.

Telephone Call (IWC office hours are Mon - Fri 8-4 PM)

Please communicate any cancellation notice 24 hours prior to the assignment.

Interpretation (Verbal) Date _____ Time/From _____ to _____

Interpretations: Require 14 - business days notice depending on desired language.

Number of CCSD staff members attending the meeting: _____ Aprox. **Please Indicate:**

IEP Eligibility (1.5 Hrs)

IEP Initial (2.0 Hrs)

IEP Annual (1.5 Hrs or more - Provide Description)

RTI (1.5 Hrs) Tier (Circle): 2 3

504 (2.0 Hrs)

Parent Teacher Conference (1.0 Hr)

Student Evaluation (2.0 Hrs)

Hearing (Provide Topic and School Script)

Health (Provide Topic Below)

Other:

Brief Description/Topic of Request:

FOR IWC OFFICE USE ONLY

Interactions: _____ Families Served: _____ Interpreter/Translator: _____
 Mark all that apply: ESOL Student MEP (Migrant Student) Immigrant Student not ELL SWD