Robertson County Special Services

Parental Preference for Translated Copies

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

The District works in a collaborative manner to provide Individual Education Plan (“IEP”) information translated into the parent’s native language.

As the parent of a special education student, if your native language is Spanish, the District will provide a written copy or audio recording of the IEP translated into Spanish.

If your native language is a language other than Spanish, the District will make a good faith effort to provide a written copy or audio recording of the IEP translated into your native language.

I would like to receive copies of my child’s IEP (check all that apply):

* \_\_\_\_ in writing in Spanish
* \_\_\_\_ in writing in English.
* \_\_\_\_ in writing in other native language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_\_\_ as an audio recording in Spanish.
* \_\_\_\_ as an audio recording in other native language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please check the appropriate box by each statement:

Yes  No I understand that I may request a copy of my child’s IEP in my native language at any

time.

Yes  No I understand that my preference will be reviewed at least annually.

Yes  No I understand that the parental preference for translated copies was explained to me in

my native language.

Yes  No I understand that my parental preference is voluntary and may be amended at any

time.

Yes  No I understand that this parental preference form will expire no more than one year from

the date it is signed.

Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_