



**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 7 business days)  
**Translations (Written)** require 7- 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 7 - business days. Please e-mail an electronic copy of the document to [IWC@cobbk12.org](mailto: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 5 - business days notice depending on desired language.

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

- |  |  |
|--|--|
| <input type="checkbox"/> IEP Eligibility (1.5 Hrs)<br><input type="checkbox"/> IEP Initial (2.0 Hrs)<br><input type="checkbox"/> IEP (3.0 Hrs or more - Provide Description)<br><input type="checkbox"/> RTI (1.5 Hrs)    Tier (Circle):    2    3<br><input type="checkbox"/> 504 (2.0 Hrs) | <input type="checkbox"/> Parent Teacher Conference (1.0 Hr)<br><input type="checkbox"/> Student Evaluation (2.0 Hrs)<br><input type="checkbox"/> Hearing (Provide Topic and School Script)<br><input type="checkbox"/> Health (Provide Topic Below)<br><input type="checkbox"/> 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