

_____, 20____
Dat

POU : _____ Referans : _____
Non timoun

NYC ID #

Dat li fèt

Lang natifnatal ki pale nan kay la : _____

Pou moun lèt sa a kapab konsène :

Mwen se paran yon timoun k ap resevwa sèvis edikasyon espesyal epi ki nan lekòl ou a pou kounye a. Mwen ekri pou mande sèvis tradiksyon ak entèpretasyon pou mwen kapab byen konprann ak patisipe nan edikasyon pitit mwen. Mwen pa resevwa sèvis sa yo souvan. Lalwa egzije pou lekòl vil Nouyòk yo ofri mwen sèvis tradiksyon ak entèpretasyon pou pèmèt mwen kominike yon fason ki efikas avèk ou konsènan edikasyon pitit mwen.

Mwen mande ou pou ofri mwen yon tradiksyon avi sekirite pwosediral, ak dokiman ak avi yo (avèk tou avi pou reyinyon, avi final pou rekòmandasyon ak avi konsantman pou evalyasyon) apati kounye a. Mwen mande sitou pou ou ofri mwen imedyatman yon tradiksyon dokiman ki pi resan ki annapre yo ki konsène pitit mwen :

- | | |
|--|--|
| <input type="checkbox"/> 1. Pwojè edikasyon endividyèl (IEP) | <input type="checkbox"/> 3. Bilten |
| <input type="checkbox"/> 2. Rapò evalyasyon edikasyon espesyal | <input type="checkbox"/> 4. Rapò sou pwogrè elèv |

Tanpri vire fèy sa a pou jwenn dokiman ki chwazi nan lang natif-natal la.

Mwen mande tou pou ofri mwen sèvis entèpretasyon nan tout pwochen reyinyon yo.

Avèk senserite,

Non paran

Adrès

Vil, Eta, Kòd Postal

****Nòt pou Paran:** Tanpri sere yon kopi lèt sa a pou dosye ou. Si ou pa resevwa dokiman tradui apre ou fin fè demann sa a, tanpri rele Biwo pou Angajman ak Sipò Fanmi nan nimewo 212-374-2323 oswa fakse yon kopi lèt sa a ba yo nan nimewo 212-374-0138.

_____, 20____
Date

TO: _____ RE: _____
Name of Child

NYC ID #

Date of Birth

Primary Language Spoken at Home: _____

To Whom It May Concern:

I am the parent of a child receiving special education services who currently attends your school. I write to request translation and interpretation services so that I can fully understand and participate in my child’s education. I have not consistently received such services. The law requires that New York City schools provide me with translation and interpretation services to allow me to communicate effectively with you about my child’s education.

I request that you provide me with a translation of the procedural safeguards notice, as well as all documents and notices (including meeting notices, final notices of recommendation, and notices of consent for evaluation) from this point forward. I specifically request that you immediately provide me with a translation of my child’s most recent:

- 1. Individualized Education Program (IEP)
- 2. Special education evaluation reports
- 3. Report card
- 4. Student progress reports

Please see reverse side for documents selected in the primary language.

I also request that you provide me with interpretation services at all future meetings.

Sincerely,

Parent’s Name

Address

City, State, Zip

****Note to Parent:** Please keep a copy of this letter for your records. If you do not receive translated documents as a result of this request, please call the Office for Family Engagement and Advocacy at 212-374-2323 or fax a copy of this letter to them at 212-374-0138.