

Nassau BOCES Language Programs & Assessment Services

BILINGUAL INTERPRETATION/TRANSLATION TIME SHEET

CONSULTANT NAME:					INTAKE #: 19-		
DISTRICT:					SCHOOL:		
STUDENT NAME(s):							
Date	Time In	Time Out	Service Provided (X)		School Representative's Name (Please Print)	School Representative's Signature	School Representative's Telephone #
			CSE/ Family Meeting	Interpretation (Oral) During Testing**			

WRITTEN TRANSLATION LOG**

Date	No. of Pages*	Document Translated	School Representative's Name (Please Print)	School Representative's Signature	School Representative's Telephone #

*One page is based on 250 words per page.

**Written assignments are billed separately, not to be included in the calculation of interpretation hours.