

汉语口译服务预约单  
Chinese Interpretation Request for Parent/Guardian

(填好后请尽快交给学校)

填写日期/Today's Date: 月/Month: \_\_\_\_\_ 日/Day: \_\_\_\_\_

家长姓名/Parent Name: \_\_\_\_\_

子女姓名/Child Name: \_\_\_\_\_

学生证号码/Student ID: \_\_\_\_\_

联系电话/Contact Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

事由 (选择一项) /Reason for Service (check one):

IEP会议/IEP       RtII会议/RtII       其它/other

需要口译服务的日期及时间/Date and Time Service Needed:

月/Month: \_\_\_\_\_ 日/Day: \_\_\_\_\_ 时间/Time: \_\_\_\_\_ 上午/AM  
下午/PM

School Staff

Please call the number above to confirm service.

**Attention School District Staff:**  
This parent speaks Mandarin (Chinese).  
If you do not have access to  
Mandarin-speaking staff, please use  
Pacific Interpreters Telephonic Service.  
To obtain access code  
please call 215-400-4180, Option.4.

**Language Service Request Card**  
The School District of Philadelphia

此卡可反复使用,请妥善保存!  
费城教育局致力于向您提供免费的语  
言服务。如您需要翻译服务,请将此  
卡片交给学校工作人员。卡片背面印  
有如何提供翻译的英语说明。

语言服务求助卡  
(国语)