DIVISION OF SPECIAL EDUCATION

Weekly Contact Verification Log

Sign Language Interpretation/Transliteration Services

Miami-Dade County Public Schools
giving our students the world

Name of Sign Language Interpreter: **WEEK OF:**

	Name of School Site:				**TIME**			**TOTAL**			
	STUDENT NAME/TASK (Attach List)	**SERVICES**	**DATE**	**DAY OF WEEK**	**FROM**	**TO**	**LOCATION OF SERVICE**	**HOURS**	**MINUTES**		**REQUEST NUMBER**
1											
2											
3											
4											
5											
6											
7											
8											
9											
#											
#											
#											
#											
#											
#											

TOTAL HRS:

CL - Classroom Interpreting **EC - Extracurricular Activity**

MTG - IEP/Staffing **PC - Parent Consultation**

Sign Language Interpreter (Signature) **Date**

Company/Vendor Name

Region Center/School Administrator or Designee **Date**