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| **LIMITED ENGLISH PROFICIENT (LEP) / DEAF/HARD OF HEARING SERVICE RECORD** |
| CASE/PROVIDER NAME | CASE/PROVIDER NUMBER | INTERPRETER/TRANSLATOR SERVICES NEEDED[ ]  Yes [ ]  No LANGUAGE:  |
| **LIST NAME, ROLE (e.g., child, parent, caregiver, etc.) AND PRIMARY (PREFERRED) LANGUAGE:** |
| NAME  | ROLE | LANGUAGE |
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| Comments/ADDITIONAL INFORMATION: |
| Record all interpreter/translation services provided to each LEP and Deaf/Hard of Hearing client/provider, indicating the date, the name of the person served, and the name of the interpreter/vendor.Attach a copy of each translation to a copy of the original document and file in the (paper or electronic) case record. |
| DATE | CLIENT/PROVIDER NAME | SERVICE PROVIDED (SEE CODES BELOW) | NAME OF INTERPRETER/VENDOR | STAFF FIRST & LAST NAME |
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| SIGNATURE OF EMPLOYEE  |  | PRINT NAME |  | DATE |

SERVICE CODES: 1. Telephone/Video Remote Interpreter

 2. American Sign Language/Certified Deaf Interpreter

 3. Translated Document

 4. Approved Dual Language Employees

 5. Contracted Interpreter

 6. Other (specify)