Shasta Head Start
CHILD DEVELOPMENT, INC.

Request Form for Spanish Translation

Center/Department: _____ Phone Number: _____ Ext. _____

Name of Staff making the request: _____

Title of Doc: _____ Type of File: _____

Electronic File Location and Name: _____

Attach Copies of the Original Doc(s) [Y] [N] Number of pages: _____ Date needed: _____

Description of document: _____

Request given: ___ One week ___ Two weeks ___One month, _____ days prior to date needed.

Submitted for review by appropriate program content manager as needed to eliminate duplication of materials? [Y] [N]

Additional Instructions: _____

_____

Please make sure the English copy is the **final and approved** text to be translated.

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

For Language Services Use Only: Received Date: _____

Notes: _____

_____

_____

Translation Complete Date: _____ LSC Signature: _____