

**Oral Translator Request for the May 2007 Administration
Ohio Achievement Tests—Grades 3 through 8
Languages other than Japanese, Korean, Mandarin Chinese, Somali, Spanish**

School contact information

School name _____ School IRN _____
District name _____ District IRN _____
School contact _____ Telephone _____
(AIR will contact this person to provide assistance in locating a translator.)
Title _____ Email address _____
Address 1 _____ Date _____
Address 2 _____
City _____ State _____
ZIP Code _____

Complete one entry for each student who needs an oral translation - Copy this page as needed

Student name _____ Student ID # _____
Subject _____ Student grade _____
Language _____
PLEASE CHECK ONE
 A district/school employee will serve as the oral translator for this student.
 The district/school will obtain an oral translator for this student.
 The district/school needs AIR to assist in locating an oral translator.
(AIR will notify the school contact name provided above to arrange for a translator.)

Student name _____ Student ID # _____
Subject _____ Student grade _____
Language _____
PLEASE CHECK ONE
 A district/school employee will serve as the oral translator for this student.
 The district/school will obtain an oral translator for this student.
 The district/school needs AIR to assist in locating an oral translator.
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Complete this information for your school and return the page(s) to your district test coordinator. DTCs must mail this form to Julia Chesla - American Institutes for Research - 1000 Thomas Jefferson St., NW - Washington, DC 20007.