



**Department of Health
Office of Children with Special Needs
Preschool Special Education Program
60 Charles Lindbergh Blvd. Suite 100
Uniondale, New York 11553-3683**

Request for Translation and/or Bilingual Evaluation

Child's Name: _____ DOB: _____

Parent Name: _____ Phone: _____

Address: _____

Language: _____

School District Authorizing Evaluation: _____

Evaluation Agency: _____

1. _____ Participation of a translator for the evaluation process.
2. _____ Translation of Summary Report.
3. _____ Translation of Documentation of the Evaluation.

Parent/Guardian Signature: _____ **Date:** _____

Instructions:

- Evaluation Provider:

This completed form must be submitted to the school district CPSE Office with the Evaluation-Verification Detail Page.

- School District CPSE Office:

Submits this form with the STAC-5 and Evaluation Verification-Detail page to the NCDOH STAC Unit

1. The cost of administering a CPSE authorized bilingual evaluation and providing the translated Summary Report and Evaluation Documentation to the family is part of the NYSED approved bilingual evaluation rate. Place check mark in bilingual column on STAC-5.
2. Complete section 11 of the STAC-5 only if evaluation was authorized as monolingual and the Summary Report was translated into a language other than English. Obtain the Translation Cost from the Evaluation Verification-Detail Page. **Do not** place a check mark in the bilingual column on the STAC-5.
3. Complete section 11 of the STAC-5 only if evaluation was authorized as monolingual and the Evaluation Documentation was translated into a language other than English at the parent's request. Obtain the Translation Cost from the Evaluation Verification-Detail Page. **Do not** place a check mark in the bilingual column on the STAC-5.