

Virginia Department of Education
Division of Special Education and Student Services
 Request for Waiver of Requirements for Personnel Providing Interpreting Services
Due to VDOE within 30 days of assignment or /re-assignment.

Local educational agency _____ School Year _____
 Contact Person _____ Title _____
 Address _____
 Phone _____ E-mail _____

Name	Social Security Number	Date and LEA where first hired ¹ in Va	Type of Interpreting/ Transliterating ²	Virginia Quality Assurance Screening Level and Date		Date of most recent registration for VQAS ³	For VDOE use only	
				Interpreting	Transliterating		Date approved	Date not approved

¹ Insert the date first hired to provide interpreting services in **any** local educational agency (LEA) in Virginia (school division, state-operated program, or one of the Virginia schools for the deaf and the blind); include name of LEA where first hired

² Insert sign language interpreting, sign language transliterating, cued speech/language transliterating, or oral interpreting. (see brochure at <http://www.pen.k12.va.us/VDOE/sess/edu-interpreting-srvcs.pdf> for explanation)

³ For information on VQAS registration contact the Virginia Department for the Deaf and Hard of Hearing at 1-800-552-7917 (v/tty)

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 Request for Waiver of Requirements for Personnel Providing Interpreting Services continued

Assurance Statement

I assure that

- (a) my local educational agency has advertised for the positions broadly, advertising for personnel who hold at least a VQAS Level III
- (b) my local educational agency did not receive at least three qualified applicants. Identify the applicants, qualifications, and date of application
- (c) the above-identified interpreters have completed an Interpreter Training Plan within the last 30 days
- (d) the above-identified interpreters will be expected to participate in training activities as part of their contract

Name	Qualifications	Date of application

 Superintendent/State-operated Program Director/VSDB Superintendent Name

 Signature Date

Return *within 30 days of assignment/re-assignment* to:
 Division of Special Education and Student Services
 Educational interpreter waiver request
 Virginia Department of Education
 P.O. Box 2120
 Richmond, VA 23218-2120
 (804) 371-8796 facsimile

Direct inquiries to (804) 225-2402