

District Name	District Code	Update Information _____ yes _____ no
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Interpreter Name	Date Hired	FT/PT	Days of Service	Provisional (P)	Regular (R)	Student (S)	License Expires	Registration Expires	Allocated Amount	Additional Funding

I hereby certify that the above information is accurate and will be revised, as necessary. I understand that reimbursement for a full-time interpreter will not exceed the allocated amount from the Office of Special Education per a regular school year. I also certify that funds requested will only be utilized to pay the salary cost for an interpreter(s) to provide a communication link for deaf or hard-of-hearing students based on the mandates under the 2004 Amendments to the Individuals with Disabilities Education Act.

Superintendent's Signature

Date

Approved by Mississippi Department of Education, Office of Special Education

Number Requested	Number Approved	Total Amount of Reimbursement

MDE-OSE Consultant

Date

Division Director of District Fiscal Services

Date

Office Director, District Fiscal Services

Date