



St. Cloud School District #742
1000 44th Ave N, Ste 100
St. Cloud, MN 56303

DOCUMENTATION OF
ORAL INTERPRETATION
OF WRITTEN MATERIALS

- Attach this notice to written materials

District:

Date:

Student's Name:

Parent(s) Name:

Parent's Primary Language:

Oral Interpretation of the material(s) listed below was provided:

Signature of Interpreter

I understand the material that was interpreted to me.

Signature of Guardian

COPIES: Due Process File
Parent(s) or Legal Guardian