

Bureau of Community and Health Systems PO Box 30664 ● Lansing, MI 48909 Telephone: (517) 335-1980

www.michigan.gov/bchs

LARA-BCHS-Qualified-Interpreter@michigan.gov

## SCHOOL DISTRICT REQUEST FOR EXCEPTION TO EDUCATIONAL INTERPRETER STANDARDS (This Form Should Not Be Used For Certification Renewal)

Type or Print Clearly/ <mark>Complete All Fields</mark>		
Name of School District		
Contact Person (Name and Title)	Contact Person Email Address	
School District Address	Requested School Year (Example: 2020-2021)	
City	State	Zip Code
Telephone Number	County	
receptione Number	County	
Name of Regularly Assigned Educational Interpreter Not Meeting the Standard		
Required Additional Documents:		
<ul> <li>Submit written documentation showing all reasonable efforts taken by the school district to locate qualified interpreters, including:         <ul> <li>Copies, locations, and dates for advertising of position.</li> <li>Salary offered and how it was determined to be appropriate, reasonable, and competitive.</li> <li>How the Michigan Online Interpreter System was used to identify and contact qualified interpreters.</li> </ul> </li> <li>Submit written documentation showing that the student who is deaf, deafblind, or hard of hearing would not have access to equal communication in an educational setting if the exception is denied.</li> <li>Submit written documentation showing IEP team evaluation and discussion of other educational options with the parents of the student.</li> <li>The regularly assigned educational interpreter not meeting the standard must also submit to the Department the Application for a Substitute Educational Interpreter or a Regularly Assigned Educational Interpreter Not meeting the Standard form along with the required supporting documentation.</li> <li>Note: A school district request for exception will only be approved for the school year requested. An exception request must be submitted for each subsequent school year if an exception is still needed.</li> </ul>		
CERTIFICATION		
<ul> <li>I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.</li> </ul>		
Signature of Authorized School District Representative Date		

BCHS-QI - 9003 - UQSCHOOLAPP (05/21)