



**OTTAWA TOWNSHIP HIGH SCHOOL**  
**DISTRICT 140**

211 East Main Street, Ottawa, IL 61350  
(815)433-1323 • Fax (815)433-1338 • [www.ottawahigh.com](http://www.ottawahigh.com)

**Dr. Michael Cushing**, Superintendent  
**Patrick Leonard**, Principal  
**Jeff DeWalt**, Assistant Principal  
**Janet Pearson**, Chief Financial Officer  
**Dawn Roalson**, Director of Special Needs  
**John Alexander**, Dean of Students  
**Jessica Gass**, Dean of Students

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**REQUEST FOR INTERPRETER SERVICES**

**Please return request form to the Special Needs Department, Room 211**

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date and Time of Meeting: \_\_\_\_\_

School: \_\_\_\_\_

Language Needed: \_\_\_\_\_

Are you requesting that the Interpreter serve no other role at the meeting? (Please circle) Yes/No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**If you have questions or complaints about interpreter services, please contact Ms. Dawn Roalson, Director of Special Needs at 815-431-2423 or [droalson@ottawahigh.com](mailto:droalson@ottawahigh.com)**

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FOR SCHOOL USE ONLY

Date of Receipt: \_\_\_\_\_

Date Logged: \_\_\_\_\_

Received By: \_\_\_\_\_