

LANGUAGE ACCESS REPORTING TOOL

LEP Services by Language

Provider: _____
 Contract Number: _____ Budget Period: _____
 Contact Person: _____ Email: _____ Phone: _____

Instructions: Report the number of encounters required this quarter for oral interpretation and the number of translated documents for individuals with limited English proficiency. Report e services reported. Note: The grey cells auto calculate and formatting on this report are password protected. **To uprotect document, use password "OYS**

Reporting FY _____ Qtr: <input type="checkbox"/> JAS <input type="checkbox"/> OND <input type="checkbox"/> JFM <input type="checkbox"/> AMJ															
1	2	3						4		5					6
Language	# of Oral Language Encounters	Oral Language Service Utilized (#)						Translated Documents (#)		Translator Used (#)					Quarter Totals (Columns 2 & 4)
		Bilingual Staff (Provides Direct Services in Another Language)	Community Volunteer	In-Person Contracted Interpreter (Agency)	In-Person Contracted Interpreter (Independent)	Telephone Interpreter	Other (including sight Translation)	# of Documents Translated Upon Request	# of Vital Documents Translated	Staff	Contracted (Agency) Translation Services	Contracted (Independent Translation Services)	Community Volunteer	Other # Only (Specify on Separate Sheet)	
Cantonese															0
Chuukese															0
Hawaiian															0
Ilokano															0
Japanese															0
Korean															0
Kosraean															0
LEP Hearing Impaired															0
Mandarin															0
Marshallese															0
Portuguese															0
Samoan															0
Spanish															0
Tagalog															0
Thai															0
Tongan															0
Vietnamese															0
Visayan (Cebuano)															0
Other Total # *															0
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*Specify Type of Other Language on a Separate Sheet

Expenditures:

Interpretation Total \$0.00 Translation Total \$0.00 Interpretation & Translation Total \$0.00