



UNIVERSITY TRANSLATORS SERVICES, LLC

ORAL INTERPRETER REQUEST FORM

EMAIL REQUEST TO: REQUEST@UNIVTRANS.COM

ONLINE FORM WEBSITE: <http://univtrans.com/interpreter-request-form/>

Requested By:

Submission Date (Today's Date):	7/1/2026
Name (Your name):	Regina Bialecki
Company / Organization Name:	Walled Lake Consolidated Schools
☐Phone number / Fax number::	(248) 956-4050-office (248) 956-4065-fax
Email Address:	reginabialecki@wlcsd.org

Date & Time of Service:

SERVICE DATE (please include DAY and DATE in writing):

Wednesdays: July 29, 2026, August 5, 2026, August 26, 2026

Fridays: July 31, 2026 August 7, 2026 August 28, 2026

MO TU **WE** TH **F** SA SU (please also circle the day of the week)

⌚ Start Time: (write start time below) 11:15 am-12:15 pm	⌚ Number of Hours You Want to Reserve Please indicate how many hours you want to reserve? 1 hour/day
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Interpreter Request Information: ☒ CONSECUTIVE ☐ SIMULTANEOUS ☐ ASL ☐ CART

Language and Country of Origin:	Mandarin
Name of the Limited English Proficient (LEP) Person(s) and include title (e.g. parent, student, defendant, patient, witness, juvenile, suspect, etc.)	Mrs. Yu Yang, Child's Mother
Subject Matter (testing, consultation, mental health)	Early Intervention
Type of Appointment (e.g. IEP, prelim hearing, pretrial, medical appointment, sentencing):	Early Intervention Coaching Session
Case /Patient/Consumer Number Date of Birth (if applicable):	Child/Student: Chengrui He, B.D. 08/31/2024
Other Participants Names/Titles (e.g. Attorneys, Prosecutors, Witnesses, Teachers, etc.):	Regina Bialecki, (Ms. Gina), Early Intervention service coordinator Request interpreter: Allison Weber

Please add or attach pages that include any other information related to your request; the more informed your interpreter is the better!

☐ REMOTE VIDEO INTERPRETING (RVI) (e.g. Zoom, Google Meet etc.) ☐ TELEPHONE OR ☒ ON-SITE

IN-PERSON LOCATION NAME	Chengrui He's Family Home
Address / City / State / Zip	6381 Silverbrook W. West Bloomfield, MI 48322
Remote Link, Meeting ID, Password	N/A
Meeting Contact Person	Regina Bialecki
☐Meeting Contact Person Cell Phone	248-931-1408

Billing Information (Where and to whom should we send the invoice?):

Organization Legal Name for Billing	Walled Lake Consolidated Schools
Address / City / State / Zip	850 Ladd Road Walled Lake, MI 48390
Name of Billing Contact	Corrina Rieken
☐Phone number: / Fax number:	248-956-2165

We will check availability and update you within 24-48 hours. A confirmation number will be forwarded to you via email after an interpreter has been reserved. If you do not receive a confirmation, please call UTS at 734-665-7295!

Billing Contact Email Address:

Corrinarieken@wlcsd.org

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