

**Virginia Department of Education**  
**Office of Special Education and Student Services**  
Request for Waiver of Requirements for Personnel Providing Interpreting Services continued

Assurance Statement

I assure that

- (a) my local educational agency has advertised for the positions broadly, advertising for personnel who hold at least a VQAS Level III
- (b) my local educational agency did not receive at least three qualified applicants. Identify the applicants, qualifications, and date of application
- (c) the above-identified interpreters have completed an Interpreter Training Plan within the last 30 days
- (d) the above-identified interpreters will be expected to participate in training activities as part of their contract

Name	Qualifications	Date of application

\_\_\_\_\_  
Superintendent/State-operated Program Director/VSDB Superintendent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return *within 30 days of assignment/re-assignment* to:  
(Direct inquiries to (804) 225-2402)  
Office of Special Education and Student Services  
Educational Interpreter Waiver Request  
Virginia Department of Education  
P.O. Box 2120  
Richmond, VA 23218-2120  
(804) 371-8796 Facsimile