

**Virginia Department of Education**  
**Division of Special Education and Student Services**  
 Request for Waiver of Requirements for Personnel Providing Interpreting Services  
*Due to VDOE within 30 days of assignment or /reassignment.*

Local educational agency \_\_\_\_\_ School Year \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Name	Social Security Number	Date and LEA where first hired <sup>1</sup> in Va	Type of Interpreting/ Transliterating <sup>2</sup>	Virginia Quality Assurance Screening Level and Date		Date of most recent registration for VQAS <sup>3</sup>	For VDOE use only	
				Interpreting	Transliterating		Date approved	Date not approved

<sup>1</sup>Insert the date first hired to provide interpreting services in any local educational agency (LEA) in Virginia (school division, state-operated program, or one of the Virginia schools for the deaf and the blind); include name of LEA where first hired  
<sup>2</sup>Insert sign language interpreting, sign language transliterating, cued speech/language transliterating, or oral interpreting. (see brochure at <http://www.doe.virginia.gov/VDOE/sess/edu-interpreting-srvcs.pdf> for explanation)  
<sup>3</sup>For information on VQAS registration contact the Virginia Department for the Deaf and Hard of Hearing at 1-800-552-7917 (v/tty)