

Virginia Department of Education  
 Division 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 interpreters hired have completed an Interpreter Training Plan within the last 30 days.
- (d) the interpreters hired 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

Direct inquiries to (804) 371-4059  
 Specialist for Deaf and Hard-of-Hearing

Return within 30 days of assignment/re-assignment to:  
 Dr. Debbie Pfeiffer  
 Division 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