

**Translator Expense/Report Form
Ohio Graduation Tests (OGT)
Spring 2017 Administration**

Section 1: To be completed by school personnel; one form per student

District Name: _____ District IRN: _____
School Name: _____ School IRN: _____
Student Name: _____ Student ID: _____
Language: _____ Student Grade: _____
Name of School Test Administrator: _____

Subject Tested (mark applicable):

Reading:	Date _____	Start Time: _____	End Time: _____
Mathematics:	Date _____	Time: _____	Time: _____
Writing:	Date _____	Time: _____	Time: _____
Science:	Date _____	Time: _____	Time: _____
Social Studies:	Date _____	Time: _____	Time: _____

Translators will be reimbursed \$100.00 per student, per subject.

Payment should be made to (circle one):

If the translator is a school or district employee, payment is made to the school or district only.

Translator	School	District	Agency
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If payment should be made to the district/school or an agency, please provide the address and phone number.

Section 2: To be completed by Translator

Please print legibly to ensure accurate payment.

Legal Name: _____
Address: _____

City, State Zip: _____
Email Address: _____
Home Phone: _____ Cell Phone: _____

I would like to be contacted regarding future translation opportunities for the OGT and Ohio Achievement Assessments.

Social Security # _____ - _____ - _____

Social Security # must be provided in order for payment to be processed.

Miles driven to the school

Mileage will be paid at 52 cents per mile. A map of your trip to the school, using Google Maps, **must** be attached in order for mileage payment to be processed.

Section 3: To be completed and signed by translator and test administrator

By signing this form, I attest that the Language Translation Script was followed faithfully and that all other test administration procedures were followed during the testing of this student. By signing this form, I agree to all payment terms.

Translator (Print) _____ Administrator (Print): _____

Signature: _____ Signature: _____

This form must be completed, signed, and mailed to
Data Recognition Corporation, 13490 Bass Lake Road, Maple Grove, MN 55311
Payment will be processed within 30 days of receipt of this form.