LANGUAGE ACCESS REPORTING TOOL

LEP Services by Language **Department/Agency**_____ **Period Covered (Quarter/FY)**_____

Contact Person_____ **Phone No.**_____

1	2	3				4								5		6					
		Type of Services Provided to LEP Customers (#)				Type of Oral Language Service Utilized (#)								# of Documents Translated		Language Services Expenditures ($)					
Language	# of LEP Encounters	Oral Language Service	Sight Translation	Written Translation	Other (please specify):	Bilingual Staff (*provides direct service in another language*)	Community Volunteer	Contracted Interpreter (*via an Interpreter Agency*)	Contracted Interpreter (*Directly*)	Staff Interpretar	Telephone Interpreter	Volunteer Staff (*speaks another language, volunteers to help*)	Other (please specify):	Documents Translated Upon Request	Vital Documents	Oral Language Services (in person)	Sight Translation Services	Telephone Interpreter Services	Written Translations	Other (please specify):	Amount (Total $)
Total:	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	$ 100.00	$ -	$ -	$ 100.00	$ -	$ 200.00
% of Total:	100%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	50.0%	0.0%	0.0%	50.0%	0.0%	100%
Cantonese	1	1		0				1							1	$ 100.00			$ 100.00		$ 200.00
Chuukese																					$ -
Hawaiian																					$ -
Ilokano																					$ -
Japanese																					$ -
Korean																					$ -
Kosraean																					$ -
LEP Hearing Impaired																					$ -
Mandarin																					$ -
Marshallese																					$ -
Portuguese																					$ -
Samoan																					$ -
Spanish																					$ -
Tagalog																					$ -
Thai																					$ -
Tongan																					$ -
Vietnamese																					$ -
Visayan (Cebuano)																					$ -
Other (Specify)																					$ -

LANGUAGE ACCESS REPORTING TOOL

Revised as of 8/28/08

LEP Services by Division/Office **Department/Agency**_____ **Period Covered (Quarter/FY)**_____

Contact Person_____ **Phone No.**_____

1	2	3				4								5		6						
Division/Office	**# of LEP Encounters**	**Type of Services Provided to LEP Customers (#)**				**Type of Oral Language Service Utilized (#)**								**# of Documents Translated**		**Language Services Expenditures ($)**						
		Oral Language Service	Sight Translation	Written Translation	Other (please specify):	Bilingual Staff (*provides direct service in another language*)	Community Volunteer	Contracted Interpreter (*via an Interpreter Agency*)	Contracted Interpreter (*Directly*)	Staff Interpreter	Telephone Interpreter	Volunteer Staff (*speaks another language, volunteers to help*)	Other (please specify):	Documents Translated Upon Request	Vital Documents	Oral Language Services (in person)	Sight Translation Services	Telephone Interpreter Services	Written Translations	Other (please specify):	Amount (Total $)	
Total:	2	1	2	0	0	0	0	1	1	0	0	0	0	1	1	$ 100.00	$ -	$ -	$ 200.00	$ -	$ 300.00	
% of Total:	100%	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	33.3%	0.0%	0.0%	66.7%	0.0%	100%	
West Division	1	1						1								$ 100.00					$ 100.00	
East Division	1		2						1					1	1				$ 200.00		$ 200.00	
																					$ -	
																					$ -	
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