

LANGUAGE ACCESS REPORTING TOOL

LEP Services by Language Department/Agency

Phone No.

Period Covered (Quarter/FY)

Language	# of LEP Encounters		Type of Services Provided to LEP Customers (#)				Type of Oral Language Service Utilized (#)								# of Documents Translated		Language Services Expenditures (\$)					Amount (Total \$)
	1	2	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):	
<b>Total:</b>	1	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	\$ 100.00	\$ -	\$ -	\$ 100.00	\$ -	\$ 200.00
<b>% of Total:</b>	100%	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%	50.0%	0.0%	0.0%	50.0%	0.0%	100%	
Cartonese	1	1	1	0	0	0	0	0	1	0	0	0	0	0	0	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)																						

