

## LIMITED ENGLISH PROFICIENCY (LEP) REPORT

**USE OF FORM:** This form should be used to record and report communications with or requests for services from individuals and / or entities in need of language services. If there is a language barrier between a Leo-Cedarville, Indiana employee in an individual or group interaction, please provide as much information regarding the interaction as possible on this form.

**TRANSMITTAL:** Please complete this form and deliver it to the Leo-Cedarville Title VI Coordinator  
 Patrick Proctor  
 Town Manager  
 Leo-Cedarville  
 13909 Pony Express Run  
 Leo, IN 46765  
 260-627-6321 ext. 3  
[proctor@leocedarville.com](mailto:proctor@leocedarville.com)

Date of Form Completion:	Leo-Cedarville Employee Completing Form:	Leo-Cedarville Employee Job Title/Role:	Leo-Cedarville Employee Work Phone #:
Date of LEP Issue:	Was there a request for language services? <input type="checkbox"/> YES <input type="checkbox"/> NO	If requested, by whom:	Leo-Cedarville Employee email address:
<b>Contact Type:</b> <input type="checkbox"/> Individual face-to-face <input type="checkbox"/> Individual by phone <input type="checkbox"/> Individual in writing <input type="checkbox"/> Agency-sponsored Public Meeting <input type="checkbox"/> Event (describe below) <input type="checkbox"/> Contact by outside organization <input type="checkbox"/> Other (please describe below)		<b>Level of Language Barrier:</b> <input type="checkbox"/> Communication was not possible <input type="checkbox"/> Communication was significantly impaired <input type="checkbox"/> Communication was partially possible <input type="checkbox"/> Communication was possible due to interpretation provide by a non-Leo-Cedarville employee sponsored interpreter <i>Was this interpreter a minor?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Communication was possible due to language service provided by interpreter or translator retained by Leo-Cedarville or the forum in which the services were required	
_____ Number of people requiring language services:			
Language for which LEP services were required:	How was this determined: <input type="checkbox"/> I speak Cards <input type="checkbox"/> Self-identified <input type="checkbox"/> Other (describe)	Type of services needed: (check all that apply) <input type="checkbox"/> In person interpretation <input type="checkbox"/> Telephone interpretation <input type="checkbox"/> Written material translation <input type="checkbox"/> Other	