

**Warm Up Area:
Candidate Forms and Materials**

**The Educational Interpreter
Performance Assessment[®]**

(Videotape Stimuli Version)

Williams & Schick



DATE: _____

Candidate's Name: _____

Address: _____

SSN: _____

Location: _____

Facilitator: _____

CLASSROOM / EXPRESSIVE	CHILD SIGNER / RECEPTIVE		
ELEMENTARY A / B	CHILD SIGNER: ASL A / B,	PSE A / B,	MCE A / B
SECONDARY A / B	CHILD SIGNER: ASL A / B,	PSE A / B,	MCE A / B



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CANDIDATE EVALUATION FORM AND CONFIDENTIALITY AGREEMENT

NAME: _____

TEST SITE
LOCATION: _____

TEST SITE
FACILITATOR: _____

CLASSROOM / EXPRESSIVE	CHILD SIGNER / RECEPTIVE
ELEMENTARY A / B	CHILD SIGNER: ASL A / B, PSE A / B, MCE A / B
SECONDARY A / B	CHILD SIGNER: ASL A / B, PSE A / B, MCE A / B

I understand that I must keep strictly confidential the nature and content of both the classroom and child/teen signing tapes used in my evaluation today. I understand that I must not, under penalty of law, discuss these materials with anyone. By signing below, I agree to this requirement and agree to have the EIPA Evaluation Center at Boys Town National Research Hospital, Omaha, Nebraska, evaluate my educational interpreting sample.

SIGNATURE: _____

ADDRESS _____

Street & Apt

City

State

Zip



Educational Interpreter Performance Assessment © 1992

Demographic Information Form

Kevin T. Williams, M.S.

Boys Town National Research Hospital

Brenda Schick, Ph.D.

University of Colorado at Boulder

1. Name _____
2. Communication Method Used: _____
ASL PSE CASE SEE I SEE II Signed English
Other (please describe)
3. Grade Level Currently Interpreting _____
Elementary Middle School High School
4. How many years have you been interpreting? _____
5. How many years in schools? _____
6. Are you a graduate of an Interpreter Training Program yes no
7. Do you have a B.A. degree? yes no
8. Do you hold RID certification? yes no
Which Certificate ?
9. Do you hold NAD certification? yes no
Level _____
10. Do you have a state's quality assurance rating? yes no
11. If you have a quality assurance rating, what level have you achieved using which assessment? _____
12. Have you taken sign language classes other than in an ITP? If so, how many?

13. Is this evaluation required? By my school district By the state
14. Do you have deaf family members? Please list (ex: aunt, nephew)
15. Did you grow up in a deaf family? yes no

Please respond to the following questions using the scale provided
Is your level of pay linked to the results of this assessment?

1. My pay is linked to results of this evaluation
Yes No Perhaps Unsure
2. I have a skilled mentor available to me at my school
Definitely Somewhat Not Really Unsure
3. My school district provides me with training at least once a year
Definitely Somewhat Not Really Unsure

The following is for demographic purposes only

1. What is your age? _____
2. Gender? Male Female
3. What is your race? _____