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
CANDIDATE EVALUATION FORM AND CONFIDENTIALITY AGREEMENT

NAME:_________________________________________________________________

TEST SITE
LOCATION:________________________________________________________________

TEST SITE
FACILITATOR:________________________________________________________________

<table>
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<th>CLASSROOM / EXPRESSIVE</th>
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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
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? ________________________________