

The Educational Interpreter Performance Assessment ©
(Videotape-Standardized Version)

Williams & Schick



REGISTRATION FORM

The Training and Assessment Systems for K-12 Educational Interpreters Project (TASK12) at Center for Technical Assistance for Excellence in Special Education (TAESE), **USU, in North Logan, Utah** is now working with the EIPA Diagnostic Evaluation Center, located at Boys Town National Research Hospital, Omaha, Nebraska, to provide assessment of educational interpreters. Dr. Bernhardt Jones directs these efforts serving as the EIPA Testing Administrator.

The cost of this assessment is **\$275.00** in the form of a check or money order made payable to **TAESE/USU** (TASK12 on memo line). Please complete this Registration Form and Demographic Information Form (leaving questions 3-6 blank) and submit both to the address provided below along with your payment. **The Registration Deadline is 30 days prior to the testing date.** You will receive a confirmation letter and email indicating your location, date and time for assessment approximately 30 days prior to the actual test date. You will also receive information to assist you in preparing to undergo your EIPA evaluation.

Note: If you do not submit the demographic information, payment or contact information for who will be paying, or evaluation material, your registration will not be accepted.

TESTING SITE: USDB, 742 Harrison Blvd., Ogden, UT

TESTING DATE: May 21-22, 2010

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

I AM CURRENTLY AN EDUCATIONAL INTERPRETER AT _____
(school district name)

COMMUNITY SCHOOL DISTRICT, _____ BUILDING,

in _____
(city/state)

I want to be evaluated on the EIPA using: ELEMENTARY SECONDARY material (Circle one).

I will be interpreting using: ASL PSE MCE (Circle one)

Payment **included** with my registration form is: CHECK PO (State/School) (Circle one)

Note: If payment is by PO, please include a contact and address to be invoiced.

Further questions and/or this registration form should be directed to:

EIPA Registration, TASK12
1780 North Research Parkway, Suite 112
North Logan, UT 84341

Or you can fax your registration to: 435-753-9750 if payment is through a PO.

Further questions should be directed to:

cheryl.sheffield@usu.edu

DEMOGRAPHIC INFORMATION FORM

The Educational Interpreter Performance Assessment



Date: _____

1. Name _____

(NOTE: When entering information into the EIPA database, EIPA DX Staff specially trained in candidate's rights will replace your name with a random code number to assure anonymity.)

2. Below, please rate your signing skills in each area.

(0 = No Skills, 1 = Beginner, 2 = Advanced Beginner, 3 = Intermediate, 4 = Advanced Int. 5 = Advanced)

ASL Skills: 0 1 2 3 4 5

PSE Skills: 0 1 2 3 4 5

MCE Skills: 0 1 2 3 4 5

3. I took the Elementary Secondary version of the EIPA.

4. I took the ASL PSE MCE version of the EIPA.

5. I chose the EIPA CLASSROOM: OPTION A OPTION B

6. I chose the EIPA CHILD/TEEN SIGNER: OPTION A OPTION B

7. The actual grade level I currently interpret in is _____

8. Below, please tell us how you might rate your ability to interpret in each setting.

(0 = No Skills, 1 = Beginner, 2 = Advanced Beginner, 3 = Intermediate, 4 = Advanced Int. 5 = Advanced)

Elementary: 0 1 2 3 4 5

Secondary: 0 1 2 3 4 5

9. How many years have you been interpreting?

10. How many years in schools?

11. Below, please tell us how you would rate your ability to interpret for deaf adults.

(0 = No Skills, 1 = Beginner, 2 = Advanced Beginner, 3 = Intermediate, 4 = Advanced Int. 5 = Advanced)

0 1 2 3 4 5

Demographic Information Form Continued

12. How much interpreting do you do for deaf adults?

(0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Fairly Regularly, 4 = Frequently, 5 = A Great Deal)

0 1 2 3 4 5

13. Are you a graduate of an Interpreter Training Program? YES NO

14. Do you have a B.A. degree? YES NO

15. If yes, your B.A. degree is in what area?

16. Do you hold RID certification? YES NO

Which Certificate?

17. Do you hold NAD certification? YES NO Level _____

18. Do you have a state's quality assurance rating? YES NO

19. If yes, which state?

20. Which assessment?

21. What is the highest level of sign language training you have taken?

22. Do you have a deaf sibling (brother or sister)? YES NO

23. Do you have a deaf parent(s)? YES NO

24. Do you have an extended family member who is deaf? YES NO

25. Is this evaluation required? YES NO

By my school district ____ By the state _____

26. Is your level of pay linked to the results of this assessment?

Unsure Perhaps No Yes

27. My pay is linked to the results of this evaluation.

Unsure Perhaps No Yes

28. I have a skilled mentor available to me.

Unsure Perhaps No Yes

29. My school district provides me with training at least once a year.

Unsure Perhaps No Yes

The following is for demographic purposes only.

1. What is your age? _____

2. Gender? Male Female

3. Ethnicity? _____